



TSIONAS

M A N A G E M E N T

Credit Card Authorization Form

Cardholder Name: _____

Billing Street Address: _____

State: _____ Zip Code: _____

Credit Card Type: Visa Mastercard Discover

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Charge Amount: \$ _____ (USD)

I authorize **Tsionas Management Inc.** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement, which is non-refundable.

Cardholder – Print Name, Sign and Date below:

Signed: _____

Dated: _____

Name: _____

Apartment # _____