



# TSIONAS

M A N A G E M E N T

## Credit Card Authorization Form

Cardholder Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ 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 # \_\_\_\_\_