

Yolandra "Faith" Martin*

IL Real Estate Broker

Phone 773-301-1091 Fax 708-843-5843

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Yolandra Martin to make a one-time debit to your credit card listed below.

By signing this form you give Yolandra Martin permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I Name _____ authorize Yolandra Martin to charge my credit card

Account indicated below for \$ _____ on or after Date _____.

This payment is for:

- Rent
- Credit Check
- _____ (OTHER description of goods/services)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover (CIRCLE ONE)

Cardholder Name # _____

Account Number # _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. *** IL Real Estate Broker acting on behalf of a Private owner or Management Company**