# VISA / MASTERCARD AUTHORIZATION FORM

**Client Information (Office Use Only):**

**Client (Community) Name:** RADFORD COURT **Client #:** 51-13229

**Client Representative:** _____

**Apply below Charge/Debit Amt as follows:**

| **Name** (applicants, cosigners, etc) | **Unit #** | **Service Type** | **File Number** | **Amount** |
|---|---|---|---|---|
| | | ☐Comp ☐Criminal ☐Credit | | **$** |
| | | ☐Comp ☐Criminal ☐Credit | | **$** |
| | | ☐Comp ☐Criminal ☐Credit | | **$** |
| | | ☐Comp ☐Criminal ☐Credit | | **$** |
| | | ☐Comp ☐Criminal ☐Credit | | **$** |
| | | | **Total** | **$** |

**Credit Card Information:** **Visa:** ☐ **Master Card:** ☐

| **Card Number:** | | | | | -- | | | | | -- | | | | | -- | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**Cardholder Name:** _____
Please print name (exactly as it appears on the card)

**Card Exp Date:** _____ **Phone Number:** _____
Month/Day/Year (NNN) NNN-NNNN

**Security Code:** _____ (3 digit code found on back of card) **Amount:** **$** _____

**Billing address:** _____ (Street Address)

_____ (City, State & Zip)

**Cardholder Authorization:**

I authorize Moco, Inc. to place the above charge against my account. I understand that this fee is **non-refundable**, even if my application to rent is denied.

**X** _____

Cardholder Signature Transaction Date:

Fax form with rental application to Radford Court Apartments at 206-934-1101.

**Moco (Internal) Use Only** Authorization Code: _____