

Credit or Debit Card Authorization Form
(One Time Payment Only)

Property Name ("Landlord") The View at UnderEdge
Resident/Applicant Name [Redacted]
Property Address ("Leased Premises") [Redacted]
Unit # 16-206

I hereby authorize and agree to allow Aspen Square Management, Inc., on behalf of the Landlord, to charge VISA / MasterCard / Debit (CIRCLE ONE).

Name on Credit/Debit Card [Redacted]
Address _____
City _____ State _____ Zip _____

Credit/Debit Card Number [Redacted] Expiration Date 5/15

Amount \$ 805.00

Reason for Payment Rent

Signed this 7th day of May, 2014

Resident/Applicant:
X _____

Landlord / Landlord's Agent:
[Signature]



Fax back to:

[Redacted]