

Credit Card Payment Authorization Form
for Application Fees

Transaction Amount: \$ _____ Payment Type: _____
\$55.00 per person (18 yrs. and up) (Visa/Mastercard)

Card Number: _____ (Visa or Master Card)

Card Expiration Date: __ __ / 20 __ __

CVV2 Number: __ __ __
(3 digits on back of credit card)

Cardholder's Information:

Applicant's Information:

First Name: _____ First Name: _____

Last Name: _____ Last Name: _____

Billing Information (address where statement is mailed):

Street Address: _____

City: _____ State _____ Zip Code _____

***A copy of the front and back of card must be submitted with this form in order to be processed**

Cardholder Signature: _____

**Deliver to our office located: 15715 Tuckerton Rd, Houston TX 77095 or
email to Leasing@HoustonRPM.com**