SUPERIOR PROPERTY MANAGEMENT & SALES, LLC 5332 U.S. HIGHWAY 98 N., LAKELAND, FL 33809

863-853-2770/FAX: 863-815-2458

RENTALSBYSUPERIOR@YAHOO.COM

Credit/Debit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN. All information will remain confidential.

Debit Card	Credit Card		
Tenant Name:			
Cardholder Name:			
Billing Address:			
Credit Card Type:	Visa Mastercard		
Credit Card Number:			
Expiration Date:			
Card Identification Nu	mber (last 3 digits located on the b	eack of the credit ca	rd):
Amount to Charge: \$_	(USD)		
Would you like this an	nount automatically deducted each	month? If so, plea	se complete the following:
Start Date:	End Date:	Amoui	nt
What day of each mon	th would you like the deduction _		
******	*********	******	*********
herein. I understand there	rty Management & Sales, LLC to charge is a \$5.00 charge by Superior Property Mance with the issuing bank cardholder agr	Ianagement & Sales, L	sted above to my credit/debit card provided LC for this service. I agree that I will pay
Cardholder – Print Na	me, Sign and Date Below:		
Signed:		and the same of th	
Dated:			
Name:			

Once signed return the completed form to:

Superior Property Management & Sales, LLC 5332 US Highway 98 N., Lakeland, FL 33809 863-815-2458 – Fax or rentalsbysuperior@yahoo.com