



**CREDIT CARD AUTHORIZATION**

(REQUIRED FOR APPROVAL OF APPLICATION)

NAME: \_\_\_\_\_

UNIT ID: \_\_\_\_\_ MOVE-IN DATE: \_\_\_\_\_

TYPE CREDIT CARD: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

*WE ACCEPT VISA, MASTERCARD AND AMERICAN EXPRESS.*



CREDIT CARD BILLING ADDRESS: \_\_\_\_\_

NAME APPEARING ON CARD: \_\_\_\_\_

**PLEASE COMPLETE ONLY ONE OF THE BOXES BELOW:**

**PLEASE COMPLETE BOX BELOW IF YOU WOULD LIKE ALL CHARGES PUT ON YOUR CREDIT CARD**

I, \_\_\_\_\_, hereby authorize Post Corporate Apartments to charge my rental amount and any other miscellaneous charges owed to the above listed credit card number. I accept all liability for any damages in my apartment beyond normal wear and tear during the lease term with Post Corporate Apartments and I understand that these costs will be charged to my credit card.

**OR**

**PLEASE COMPLETE BOX BELOW IF YOU WOULD LIKE YOUR CREDIT CARD CHARGED FOR SECURITY DEPOSIT AND ADMINISTRATIVE FEE ONLY:**

I, \_\_\_\_\_, hereby authorize Post Corporate Apartments to charge my Security Deposit and Administrative Fee only to the above listed credit card number. Do not charge my credit card for rental charges or any other miscellaneous fees or deposits unless my account becomes 15 or more days past due. If alternative payment arrangements have not been agreed upon otherwise, I understand that my credit card will be charged if damages are assessed in my apartment after move-out. It is my responsibility to notify Post Corporate Apartments of my forwarding address and/or phone number so Post Corporate Apartments will provide me with a receipt of these charges.

**PLEASE SEND A COPY OF YOUR DRIVER'S LICENSE, ALONG WITH THIS COMPLETED FORM.**

X \_\_\_\_\_  
**Card Holder's Signature** **Date**

The Card Holder intends and agrees that an electronically scanned, photocopy, or facsimile copy of this document with the Card Holder's signature thereon shall be treated as an original-signature document and writing for all purposes, including all matters of evidence and "best evidence."

**7882 Woodland Center Blvd. Tampa, FL 33614**  
**Phone: (813) 915-1000 Toll-free: (877) 747-7678 Fax: 813-915-1005**

2/28/08  
PCA-TAMPA

