



Credit Card Authorization Form

Customer Information

Name: _____ Amount of Charge: _____
Cardholder Name: _____ Card Type: _____
Billing Address: _____ (required) Card Number: _____
City: _____ Expiration Date: _____ (required)
State: _____ Zip: _____ CIV# (last three digits on back of card): _____ (required)

I _____, hereby authorize **Best Management Team, LLC** to charge my credit card in the amount of: \$ _____

Name: _____

Signature: _____

Date: _____

Property Address: _____

NO REFUND POLICY: All sales are final and no refunds will be issued, unless a clear *technical* problem results in an inadvertent duplicate payment. Please ensure your transaction is correct before submitting your payment.

I hereby authorize Best Management Team, LLC to charge my credit card listed above. I understand that my credit card company will reserve the funds for payment to Best Management Team / Rent Finders, LLC. If my credit card's security features decline the payment, it may take 3 to 10 days for my credit card company to release the funds, and I am still responsible for making the payment to Best Management Team, LLC.