



Credit Card Authorization Form

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

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.