

PROPERTY MANAGEMENT SERVICES, INC
PO BOX 92130
ANCHORAGE, AK 99509-2130
Tel 907-562-2929 Fax 907-562-3550 Email pmsi@gci.net

CREDIT CARD AUTHORIZATION FORM

(VISA / MC only)

Homeowner: _____ Acct # _____

Property Address: _____

Credit Card Number: _____ Expiration: ____ / ____

CVV2 Number: _____ Credit Card Type (circle): Visa or Mastercard
(last 3 digits on back of card)

Billing Address – Please Enter **Address Where Credit Card Statement is Mailed**

Address: _____

City: _____ State: _____ Zip Code: _____

By signature below, I authorize Property Management Services, Inc to charge my credit card as designated below. Credit card transactions are processed on or about the 20th of the first month of each calendar quarter. Each credit card transaction will include a \$5.00 convenience fee.

One time charge for: \$ _____
(Be sure to include \$5 convenience fee)

Quarterly according to my statement balance, beginning: ____ / ____ / ____
(Statement balance plus \$5 convenience fee) MM DD YYYY

I authorize the billing of my credit card quarterly according to my statement balances (plus \$5 per transaction convenience fee) indefinitely. Credit card transactions are processed on or about the 20th of the first month of each calendar quarter. I understand that I can cancel this authorization at any time and that I must renew this authorization at the expiration date of the card listed above.

Signature

Date