

AHI Properties

Credit Card Authorization Form

Date _____

Card Type? _____ (MasterCard, VISA)

Is this a check or debit Card? Yes _____ No _____

Card Holder's Name	Card Number	Expiration Date	CID Code
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Credit Card Billing Address (REQUIRED):	Please mail receipts: Yes _____ No _____
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_____	Address: _____
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Authorized Charge Amount: \$ _____

By signing below, I understand, agree to pay and specifically authorize AHI to charge the credit card indicated above for the authorized charge amount indicated above. I warrant that I am legally authorized to enter into this credit card authorization. I agree and understand that in the event this credit card is invalid, I will provide AHI with a new valid card for any outstanding balances due AHI.

Signature and Date of the Cardholder or Authorized Purchaser