Commercial Investment Properties
FAX: (402) 436-3491

Check one: _____MasterCard _____ Visa _____ Discover Card

Card Number:
___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expiration Date: ___ ___ ___ ___ ___ ___ ___
M M Y Y CVV # (on back)

CREDIT CARD AUTHORIZATION FORM

Name(s) of Applicant:_____

Property No: _____ Apartment No: _____

Name & Address of Card Holder:

Name on Card:_____

Billing Address:_____
Number Street Apt #

_____
City State Zip

Amount to be charged: Deposit: _____

1st/Last:_____

Application fee:_____

Past Due Rent: _____

Other: _____

Total: _____

Date:_____ Signature:_____

Manager's Authorization: _____

FOR OFFICE USE ONLY:
____ form faxed
____ c.c. # shredded by property following authorization
____ form put in tenant file

Rev 09/10 – CIP approved