Sweetwater Apartments

CREDIT/DEBIT CARD AUTHORIZATION FORM

By signing and returning this form, you are authorizing Sweetwater Apartments to charge your credit/debit card in the amount shown in the Total column listed below.

Instructions:

- Photocopy the front of your credit card along with your driver's license on a separate piece of paper.
- Fill out the form below and make sure to Sign & Date.
- Fax back or mail to us the:
  - Application for Residency
  - Photocopy of your Drivers License & Credit Card
  - Credit Card Authorization Form

To: Sweetwater Apartments 21300 Cotton Creek Drive. Gulf Shores, AL 36542
Phone: (251) 967-5483 Fax: (251) 967-5485

We appreciate this assistance for your protection and ours!

Credit Card #: _____ Expiration Date:_____

CREDIT CARD BILLING INFORMATION

NAME (as it appears on card) _____
ADDRESS _____
ADDRESS _____
CITY, STATE, ZIP _____
COUNTRY _____
DAYTIME PHONE #_____EMAIL ADDRESS _____

Application Fee	**$**
Administrative Fee	**$**
Reservation Fee	**$**
This Dollar Amount Will Be Charged to your Credit Card	**TOTAL=$**

Please treat this fax as a copy of my signature on file. I understand that by signing this form I give authorization to Sweetwater Apartments to charge my debit/credit card as shown above.

I have read and understand the terms and conditions as outlined on the Application for Residency.

We are unable to accept a credit card from anyone other than the applicant over the phone or via fax. If the credit card is that of someone else, they must come in to our office with a valid ID before their credit card will be accepted for payment.

_____ _____ _____
PRINT NAME CARDHOLDER SIGNATURE DATE