

200 Plaza Dr.  
Zebulon, GA 30295  
Office: 770.567.3514  
Fax: 770.567.3300



1200 Spring Chase Dr.  
Barnesville, GA 30204  
Leasing Office: 770.358.6465  
Fax: 470.592.2150

EMAIL: nola@mcleroyinc.com OR heather@mcleroyinc.com OR christy@mcleroyinc.com

## Credit Card Authorization Form



This form MUST be completed

### **All information will remain confidential.**

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Credit Card Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Financial Aid \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_ (3 digits listed on back of card)

Check below to have rent automatically charged monthly

( ) Amount to Charge for rent: \$ \_\_\_\_\_ . \_\_\_\_\_ due on the 1<sup>st</sup> of the month.

By signing this form, I authorize McLeRoy Rentals to charge any past due rent, maintenance charges or any other unpaid fees due to McLeRoy to my credit/debit card.

Cardholder - Print Name, Sign and Date below:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_