



CREDIT CARD AUTHORIZATION

I (we) hereby authorize Quarters at Cambridge to initiate the following charge(s):

Name _____ Unit _____

Application Fee (\$50/per applicant) \$ _____

Security Deposit (\$400/unit) \$ _____

Other _____ \$ _____
Please fill in description

Total Amount of Transaction Authorized \$ _____

Name as it appears on the actual credit card

Credit card number: ****Please Call Office Directly to Provide Credit Card Info. ****

Type (MC, Visa, or Discover ONLY) _____ ****

Credit card expiration date _____ ****

Card Verification Value (CVV) _____ ****

Cardholder address, city, state, and zip (as it appears on the billing statement)

Street

City

State

Zip

Signature _____ Date _____

Return signed authorization form to:

Quarters at Cambridge
9911 E 21st Street N
Wichita, KS 67206
Phone: 316-6361277
Fax: 316-636-1297
E-mail: info@quartersatcambridge.com