



The **WOODS** at **COUNTRYSIDE CONDOMINIUMS**

975 North Sterling Avenue

Palatine, IL 60067

847-963-1880 fax 847-963-1885

Credit Card Authorization Form

Date _____

I hereby authorize The Woods at Countryside hereinafter called COMPANY, to initiate credit card transactions and to initiate, if necessary any adjustments for any transaction in error to the account indicated below and the credit card type named below, to credit the same to such amount. This authority is to remain in effect until COMPANY has received written notification of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

****Charges will be billed to your card as the name of your community****

PLEASE CHECK ONE:

ONE-TIME CHARGE- I would like my credit card charged one-time for the amount due specified by the COMPANY.

RECURRING CHARGE- I would like my credit card charged on a monthly basis for the amount due specified by the COMPANY.

Resident/Payor Information

Resident Name _____

Bldg # _____ Unit # _____ Phone# _____

Resident address _____

City _____ State _____ Zipcode _____

Payer Name _____ Phone # _____

CC Billing Address _____ City _____ State _____ Zip _____

Credit Card Information

Check Credit Card Type: Master Card Visa Discover

Card # _____ Exp Date ____/____

Charge Amount \$ _____

Cardholder's Name _____ Signature _____

Please provide E-Mail if you would like a receipt sent to: _____

Property Representative _____