



The **WOODS** at COUNTRYSIDE CONDOMINIUMS

Professionally Managed by Hughes Management & Consulting Corp.

3060 N. Kennicott Avenue

Arlington Heights, IL 60004

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.

Payor Information

Resident/Owner's Name _____

Bldg # _____ Unit # _____ Phone # _____

Resident Address _____

City _____ State _____ Zip Code _____

Payor Name _____ Phone # _____

CC Billing Address _____ City _____ State _____ Zip Code _____

Credit Card Information

Check Credit Card Type: Master Card Visa Discover

Card # _____ - _____ - _____ - _____

Charge Amount \$ _____ Expiration Date ____/____ (Month/ Year)

Cardholder's Name _____ Signature _____

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

Property Representative _____