

## **VISA / MASTERCARD AUTHORIZATION FORM**

Client (Community) Name:		Clie	nt #:
Client Representative:			
pply below Charge/Debit Amt as foll	ows:		
Name (applicants, cosigners, etc)	Unit #	Service Type	Amount

Credit Card Informatio	n: Visa: Master Card:	
Card Number:		
Cardholder Name:	Please print name (exactly as it appears on the card)	
Card Exp Date:	Month/Day/Year (NNN) NNN-NNNN	
Security Code:	(3 digit code found on back of card) Amount: \$	
Billing address:	(Street Address)	
	(City, State & Zip)	
Cardholder Authorization:		
I authorize Moco, Inc. to place the above charge against my account. I understand that this fee is <b>non-refundable</b> , even if my application to rent is denied.		
X		
Cardholder Signature	Transaction Date:	
Fax form with rental application to	<i>J</i> oco, Inc. at 206-505-7480 or 1-800-257-8893.	
Moco (Internal) Use Only	Authorization Code:	