



Toll Free: (866) PAY-LEASE

Credit Card Payment Authorization



Transaction Amount: \$ _____

Payment type: _____ (Please do not include the transaction) (Ex. Lease Payment, Sec. Dep, Application Fee)

Card Number:

Card Expiration Date: / 20

CVV2 Number

(Last three digits on the back of Credit Card)

Cardholder's information:

Residents Information:

(If the same as Cardholder, please disregard)

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Billing Information (Address where statement is mailed):

Address: _____ City: _____

State:

ZIP/Postal Code

I agree to the charges detailed below I understand that each payment through PayLease Inc. will incur a charge of 3.5% and 3.5% plus \$1.00 for MasterCard and Discover if the payment is less than \$200.00. The standard flat charge for Visa payments will be \$22.95. I will not DISPUTE these charges.

CardHolder Signature _____

Property Manager Use Only

*Property Management Company: _____

*Unit Number: _____

*Please include the unit number of the resident making payment (IF APPLIES)

Property Name/Address: _____ Property City: _____

State:

ZIP/Postal Code