



A P A R T M E N T S

CREDIT CARD AUTHORIZATION RELEASE FORM

Date: _____

Please consider this as my authorization to allow Park La Brea Apartments to charge my credit card as follows:

Please fill in dollar amount:

\$_____ Application Fee(s) **(Non-Refundable, \$45 per Applicant)**

\$_____ Holding Deposit **(\$500 total)**

****Credit cards are only accepted for these initial fees, not for payment of rent. ****

****Please note we do not accept American Express. ****

Please check one: _____ Visa _____ MasterCard _____ Discover

Account Number _____ Exp. Date _____

Security Code Number **(3 digit code on back of card)** _____

Name as shown on Credit Card _____

Billing Address _____

City, State, Zip Code _____

Signature **(Actual signature required)** _____

Date: _____