



Credit Card Authorization Form

Phone # _____

Date _____

Name: _____

Billing Address: _____

Type of Credit Card: (Visa, MC, etc.) _____

Card # _____ - _____ - _____ - _____ Exp: _____ CID Number: _____



Automatic Debit Authorization

I authorize Metropolitan Real Estate to keep my credit/debit card number on account and to process automatic debits to it in accordance with the terms of my Property Management Agreement with Metropolitan Real Estate.

I understand that to discontinue this authorization I must provide written notification to Metropolitan Real Estate 30 days prior to the effective date of termination.

Authorized Signature: _____

Date: _____

Authorized Signature: _____

Date: _____

Metropolitan Real Estate
4500 N 32nd Street, Suite 200, Phoenix, AZ 85018
Ph 602-912-9000 | Fax 602-912-9478
www.metro-real-estate.com