

Client Credit Card **AUTHORIZATION FORM**

PLX File #: _____ Client File #: _____

Property Address: _____

City: _____ State: _____ ZIP: _____

Amount to Charge: \$ _____

Name on the Card: _____

Card Type: _____ Card #: _____

Expiration Date: ____ / ____ CVV #: _____

CC Billing Address: _____

City: _____ State: _____ ZIP: _____

Client Contact Phone #: _____

Client Contact Email Address: _____