

**Herman Boswell Property Management**

1125 W Abram St. Arlington TX 76013  
817-274-1800 Main / 817-795-8008 Fax

**CREDIT CARD AUTHORIZATION FORM**

DATE: \_\_\_\_\_

AMOUNT CHARGED: \$ \_\_\_\_\_

CARD HOLDER'S NAME: \_\_\_\_\_

CARD TYPE: \_\_\_\_\_

CARD #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_

CARDHOLDER'S COMPLETE BILLING ADDRESS (ASSOCIATED WITH CARD):

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

I agree to pay the above amount according to the card issuer agreement.

X \_\_\_\_\_

(Customer Signature)

**For Office Use Only:**

AGENT'S NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_