



[Document title]

This form is designed to allow the use of your credit card for rent payments. Please complete in **full** and return by fax to 250-423-6799, email jeremiah@peacockhospitality.ca, or you may also drop off in person at the Frontdesk of the Super 8. In supplying your credit card for rent payments, you are acknowledging that your card will be charged on the 1st of each month for the total amount of your rent. This form will be destroyed after tenant vacates the apartment or at the tenant's request.

Cardholder Name _____ Phone # _____

Cardholder email _____ Unit # _____

Credit Card billing address _____

Credit Card # _____

Expiry ____ / ____ CSV _____

Upon processing credit card for rent payments, a receipt will be emailed to you.

To complete the authorization, you must fill out form **completely** and sign below. This will serve as your electronic signature and is the legal equivalent of signing your name on a printed credit card authorization form. Please be sure to fill out all fields. We will not accept any 3rd party forms with blank fields.

X

Card Holder signature

Date _____