

CREDIT CARD AUTHORIZATION FORM



RANCHO MAGDALENA

Mailing Address:  
"GEI"

1401 W. Kenneth Rd  
Glendale, CA 91201

Site: 12462 Keys Creek Rd.  
Valley Center, CA 92082

Thom B. Swick  
Cell 818-468-4979 - Voice 818-243-4300 - FAX 818-243-4334

Name on the Card: \_\_\_\_\_

Type of Card:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Account number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Amount to be Charged \_\_\_\_\_ (USD)

I authorize Thom B. Swick/GEI - to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Signer: \_\_\_\_\_

OFFICE USE ONLY:

Dates of Stay: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

& Security Deposit Amount: \$ \_\_\_\_\_

Minus Prior Deposit: \$ \_\_\_\_\_ = FULL Payment Amount Due: \$ \_\_\_\_\_

Notes \_\_\_\_\_