

Credit Card Authorization

Name:				
Address:				
Date of Birth:				
Credit Card Number:				
Type of Card:	Visa	Mastercard	American Express	Diner's
Expiration Date:				
Name that appears on Card:				
Where to send billing:				
Would you like a copy of the charge receipt emailed or mailed to you?			Yes	No
If so, please provide an email or mailing address:				

I _____, am providing my credit card number as a guarantee. I agree to pay the following, including, but not limited to: all rent and/or outstanding long distance phone charges, lost keys, missing items, and any additional goods and service. I accept all liability for any damage beyond normal wear and tear during the term of my lease and **CORPORATE HOUSING ASSOCIATES, LP**. If I fail to do so, I understand that these costs will be charged to my credit card.

Other charges on this credit card may include: rents, extensions, late fees, fees associated with any added items, etc. and damages (if applicable) at move out. **CORPORATE HOUSING ASSOCIATES, LP**, reserves the right to charge for any extended term in the unit past the initial term or through the full 30 day written vacate notice required. **CORPORATE HOUSING ASSOCIATES, LP**, will charge for any damages **beyond normal wear and tear** upon move out, if payments are not received in the desired form of personal check, cash, money order or cashier's check. Invoices for payments due will be mailed or faxed.

All credit cards are run five days (5 days) prior to check-in date. Cancellations made after 48 hours of confirmation will be charged a \$250 cancellation fee. A charge equal to your complete confirmed reservation will be made if cancellation is made five days (5 days or less prior to arrival date of the confirmed reservations. If **CORPORATE HOUSING ASSOCIATES, LP** is able to rebook your entire reservation, a charge will not be assessed.

I understand and consent to the use of my credit card without my signature on the transmittal for the purpose herein above. I also agree that the signed facsimile copy will suffice as an original.

Card Holder's Signature:

Date

Fax your completed, signed authorization to Corporate Housing Associates, LP at 281.210.3409.