

VIA AVALON EXECUTIVE SUITES

6809 Indiana Avenue, Riverside, CA 92506

Office (951) 231-1500

CREDIT CARD AUTHORIZATION DAILY RENTAL

Client Name: _____ Company Name: _____

I _____ (name as it appears on my credit card) hereby authorize **VIA AVALON** to charge my credit card account.

Credit Card Authorization:

I authorize payment to secure the reservation and/or pay the rental fees due in connection with the rental of a virtual or private office, conference room, or classroom training room, in addition to any "Schedule A" variable charges due in connection with my rental(s).

If the credit card issuer cannot process any charge, I understand that I am still responsible for making the payment by the due date. **VIA AVALON** will attempt to contact me at the number below to inform me of such an occurrence. I understand that if the credit card issuer cannot process any charge, my reservation may be subject to cancellation or I may be responsible for any late charges due.

Credit card number: _____ - _____ - _____ - _____ VISA / MC / DISCOVER

Credit card number: _____ - _____ - _____ AMERICAN EXPRESS

Expiration date: _____ / _____ Type (Circle): VISA / MC / DISCOVER / AMEX

Billing Address: _____
Address City State Zip

Signature _____ Date _____ Contact Phone Number _____

Please complete and fax this page to 951-231-1547.