

# VIA AVALON EXECUTIVE SUITES

6809 Indiana Avenue, Riverside, CA 92506

Office (951) 231-1500

## CREDIT CARD AUTHORIZATION

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:** (Check all that apply.)

\_\_\_\_\_ A one-time charge of the Opening Charges.

\_\_\_\_\_ A monthly charge of the balance due.

If this is a monthly authorization, it will remain in effect until VIA AVALON has received written notification from me to stop future charges, and I shall allow adequate time for VIA AVALON to reasonably act upon this request.

Monthly charges will be for the total amount of your Contract Charges plus any variable charges, per the terms of your Office Rental and Services Agreement.

If the credit card issuer cannot process any charge, I understand that I am still responsible for making the monthly or annual payment by the due date. VIA AVALON will make an attempt to contact me at the number below to inform me of such an occurrence. I am then responsible for making payments by the due date or I will owe 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.***