

Credit Card Authorization Form



Galvin Company

21 Totman Street
Quincy, MA 02169
t: 617-773-9131
p: 617-471-6140

Date: _____

Apartment Address: _____

Monthly Rental Payment: _____

Tenant(s) Name: _____

Name exactly as it appears on credit card: _____

Credit Card type: _____ Master Card _____ Visa _____

Credit Card Number: _____

Expiration Date: _____

If the rent under the lease agreement has not been received by the landlord by the 10th of the month (evidenced by post mark or receipt), the above named individual hereby Authorizes Galvin Residential Holdings, LLC. to charge the above identified credit card on the 15th of the month for the monthly rental amount.

Card Holder's Signature:

***A PHOTO COPY OF THE CREDIT CARD AND PROOF OF IDENTIFICATION
MUST BE ATTACHED TO THIS FORM.***