

SWFL Rentals & Property Management, LLC
Vacation Rentals * Property Management * Annual Rentals

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Phone: 239-699-1462 * Fax: 239-236-0919
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CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY EMAIL
SWFLORIDARENTALS@GMAIL.COM OR FAX: 001-239-236-0919.

Vacation rental Villa: _____ **Rent Term:** From: ___/___/___ Thru: ___/___/___

Cardholder Name: _____

Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD

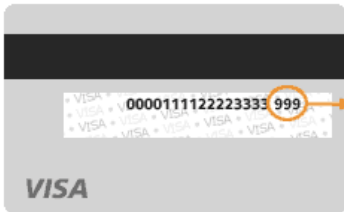
Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Address (if different from above): _____

Billing City, State, ZIP: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



*Card
Identification
Number*

Amount Charged: \$ _____ (USD) plus 3.5% processing fee; except for security deposit

Signature: _____

Print Name: _____

Date: _____