



PO Box 2826
Seattle, WA 98111

VISA / MASTERCARD AUTHORIZATION FORM

Name of Community: _____ Client #: _____

Community Representative: _____

Client Instructions:

Please complete form below and fax back to Moco, Inc. at 206-505-7480 or 1-800-257-8893 with the application to rent. If the credit card is declined then the application may not be processed or Moco, Inc. will contact the client for alternative payment arrangement.

Applicant Name(s) if different than that of Cardholder below:

Charge my: **VISA** **MASTERCARD** (Choose One)

Name: Exactly as Printed on Credit Card:	Please print clearly																			
Date of Transaction:	<div style="text-align: center;"> / / MONTH DAY YEAR </div>																			
Charge/Debit Amount:	\$.00																			
Credit Card #:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>						-					-				-				
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Expiration date:	<div style="text-align: center;"> / MONTH YEAR </div>																			

I authorize Moco, Inc. to place the above charge against my account. I understand that this fee is **non-refundable**, even in the event that my application is not approved for residency.

X

Signature of Authorized Cardholder

MOCO / CLIENT USE ONLY: Authorization Code: _____