



Diversified North Property Management

WALT PEASE & ASSOCIATES

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Ben Marsh & Associates

CREDIT CARD AUTHORIZATION FORM

All information will be treated as strictly confidential.

In order to accept and bill your credit card, please complete the following:

- provide information for ALL fields in the form below,
• sign and date this form,
• fax this form to 907-277-7925, email scanned PDF file, or mail to WP&A at the above address.

Contact/Billing information (as shown on credit card):

Name: Contact Name:
Address: City/Town:
State/Prov.: Zip/Postal:
Phone: Email:

Credit Type, Circle One: Visa MasterCard Discover American Express

Grid of 14 empty boxes for card number entry

Exp Date: CVC Code Billing Zip Code:

Amount to be charged (US\$):

Authorization type:

One time use: I hereby authorize Walt Pease & Associates, (WP&A) to charge the indicated credit card account the amount indicated above. This is a one-time charge authorization. I am NOT authorizing WP&A to setup my account with a recurring billing system. I understand that if I wish WPA to charge any balances to my credit card/checking account in the future, I will need to submit another authorization form at that time or choose the recurring billing section below.

Recurring Billing: I hereby authorize Walt Pease & Associates, (WP&A) to charge the indicated credit card for my monthly rental fees on a recurring basis. I agree that this charge will be made on the first day of each month of rental period for the duration of my assigned Rental Agreement. To terminate the recurring billing process, I must notify WP&A in writing of the cancellation. WP&A will discontinue the recurring billing process upon receipt of my written notice.

I hereby authorize WP&A to charge my credit card on a one time use charge or recurring billing as I have indicated above. If I fail to indicate either authorization type option WP&A will use the one-time use option as default. If I have selected recurring billing, I will not dispute WP&A Properties recurring billing with my credit card issuer so long as the amount in question was for service rendered prior to my cancelling my account in the manner required. I agree that if I have any problems or questions regarding my service I will service, I will contact WP&A for assistance, using the contact information located below. I guarantee and warrant that I am the legal cardholder for this credit card account and that I am legally authorized to enter in this one-time or recurring billing agreement with WPA.

Signature of card/account holder: Date:

Please print card/account holder's name: