



CREDIT CARD AUTHORIZATION

Name: _____
Company Name: _____
Address: _____
City, State Zip _____
Telephone: _____
Fax: _____
Email: _____

CREDIT CARD INFORMATION

Name on Card: _____
Billing Address: Same as above

Type: VISA MASTERCARD AMERICAN EXPRESS
Card Number: _____
Expiration Date: _____ Security Number on Back of Card: _____
Amount Authorized: \$ _____
Signature: _____
Printed Name: _____
Date: _____

By signing this form, you authorize The Solomon Group, Inc. d/b/a Landlording 101™ to charge your credit card the amount indicated above.