



## 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                      MASTER CARD                      AMERICAN EXPRESS

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_                      (MasterCard/Visa – 3 digits on back/ AMEX 4-digit code on front)  
Security Code: \_\_\_\_\_

Product Purchased: \_\_\_\_\_

Or Class Registered For: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

RETURN VIA FAX TO 813-286-3600

2309 Triad Lane  
Tampa, FL 33618  
813-569-5376  
or sales@landlording101.com