

P A R K  B R E A
A P A R T M E N T S

CREDIT CARD AUTHORIZATION RELEASE FORM

Date: _____

Please consider this as my authorization to allow Park La Brea Apartments to charge my credit card as follows:

Please fill in:

\$_____ Holding Deposit

\$_____ Application Fee(s) **Non-Refundable**

**** Credit cards are only accepted for these initial fees, not for payment of rent ****

Please check one: _____ Visa _____ Mastercard _____ American Express

Account Number _____ Exp. Date _____

Security Code Number _____

Name as shown on Credit Card _____

Billing
Address _____

City, State, Zip
Code _____

Signature _____ Date: _____

Fax back to (323) 549-2966