Moco Inc
THE INFORMATION SOURCE

VISA / MASTERCARD AUTHORIZATION FORM

Client Information (Office Use Only):

Client (Community) Name: _____ **Client #:** _____

Client Representative: _____

Apply below Charge/Debit Amt as follows:

Name (applicants, cosigners, etc)	**Unit #**	**Service Type**	**Amount**
		Total	

Credit Card Information: **Visa:** ☐ **Master Card:** ☐

Card Number:					--					--					--				

Cardholder Name: _____
Please print name (exactly as it appears on the card)

Card Exp Date: _____ **Phone Number:** _____
Month/Day/Year (NNN) NNN-NNNN

Security Code: _____ (3 digit code found on back of card) **Amount:** $ _____

Billing address: _____ (Street Address)

_____ (City, State & Zip)

Cardholder Authorization:

I authorize Moco, Inc. to place the above charge against my account. I understand that this fee is **non-refundable**, even if my application to rent is denied.

X _____

Cardholder Signature Transaction Date:

Fax form with rental application to Moco, Inc. at 206-505-7480 or 1-800-257-8893.

Moco (Internal) Use Only Authorization Code: _____

PO Box 2826 Seattle, WA 98111 www.moco-inc.com
Phone: (206) 505-8213 Toll Free: (800) 814-8213 Fax: (206) 505-7480 Toll Free Fax: (800) 257-8893