



COMMUNITY
PARTNERS for
**AFFORDABLE
HOUSING**

Credit Card Authorization Form

I, _____, hereby authorize Community Partners for Affordable Housing (CPAH) to charge my credit card for the following amount as payment for the file on property: _____

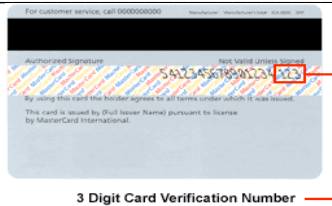
Amount: \$

Cardholder Name: _____

American Express / Discover / VISA / MasterCard

Credit Card Number:

Expiration Date: ____ / ____



SEC Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____

Email: _____

Cardholder's Signature

Date

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. CPAH will keep all information entered on this form strictly confidential.

**800 S. Milwaukee Avenue, Suite 201, Libertyville, IL 60048
(T) 847/263-7478 (F) 847/263-9381 (W) www.cpahousing.org**