



SWFL Rentals & Property Management, LLC

Vacation Rentals * Property Management * Annual Rentals

PO Box 151 066 * Cape Coral FL 33915

Phone: 239-673-9294 * Fax: 239-236-0919

Email: SWFloridaRentals@gmail.com

Web: www.SWFL-Rentals.com

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE VIA **EMAIL Christina@SwFL-Rentals.com** OR **FAX: 001-239-236-0919**.

Vacation rental Villa: _____ **Rent Term:** From: ___/___/___ Thru: ___/___/___

Cardholder Name: _____ Booking ID: VR _____
(see page 1 rental agreement top right)

Address: _____

City, State, ZIP _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Type: _____ VISA _____ MASTERCARD _____ DISCOVER

Billing Address: _____

Billing City, State, ZIP: _____

Card Identification Number: _____ (last 3 digits located on back)



Payment Authorization:

(Initials) I herewith authorize SWFL Rentals & Property Management to charge my credit card for the amounts and terms stated on the Vacation Rental Agreement with booking ID shown above.
Down payment: 25% of full rental amount (excluding damage/security deposit) due at time of reservation. Full payment and/or remaining balance will be charged 30 days before arrival.
A bank fee of 3.5% will be added to all charges (excluding damage/security deposit).

(Initials) I authorize SWFL Rentals & Property Management to hold my credit card for damage/security deposit.
(Card will not be charged, unless there are damages to the house or unpaid fees)

Print Name: _____

Signature: _____

Date: _____