Moco
PO Box 2826
Seattle, WA 98111

VISA / MASTERCARD AUTHORIZATION FORM

Name of Community: _____ **Client #:** _____

Community Representative: _____

Client Instructions:
Please complete form below and fax back to Moco, Inc. at 206-505-7480 or 1-800-257-8893 with the application to rent. If the credit card is declined then the application may not be processed or Moco, Inc. will contact the client for alternative payment arrangement.

Applicant Name(s):

_____

Charge my: VISA ☐ MASTERCARD ☐ (Choose 0ne)

Name: Exactly as Printed on Credit Card:	Please print clearly
Card Holder Phone Number:	( ) -
Date of Transaction:	/ / MONTH DAY YEAR
Charge/Debit Amount:	$.
Credit Card #:	- - -
Expiration date:	/ MONTH YEAR

I authorize Moco, Inc. to place the above charge against my account. I understand that this fee is **non-refundable**, even in the event that my application is not approved for residency.

X _____

Signature of Authorized Cardholder

MOCO / CLIENT USE ONLY: Authorization Code: _____