

GOOD REALTY MANAGEMENT, LLC

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Email: leasing@thecambridgeapartments.com Website: www.thecambridgeapartments.com

NO CANCELLATION

Monthly Booking DEPOSIT
Credit Card Authorization Form

Updated 1/28/2011

Date _____

I hereby authorize Good Realty Management, LLC (the Agent of the Owners) to *charge my credit card in the amount of _____ for Unit # _____ leased at _____/month at 1560 Sherman Street, Denver, CO, 80203 from _____ (noon) to _____ (noon). Cardholder understands there is no Cancellation Policy and should Cardholder cancel, they will forfeit the entire Security Deposit. Our Lease MUST BE FULLY EXECUTED AND RETURNED THE SAME DAY IT IS RECEIVED BY THE TENANT.

Cardholder Name: _____

Billing Address: _____

Phone Number: _____

Circle One: MC/VISA/AMEX Credit Card #: _____

Expiration Date: _____

CVV Code: ___ ___ ___ Or AMEX Code: ___ ___ ___

Cardholder Signature: _____

**In the event Cardholder disputes the charge to credit card for any reason, Cardholder agrees to pay the following administrative charges (if the Cardholder loses any amount through the dispute process or in Court): Building Manager \$50/hour and Property Manager \$100/hour.*