Moco Inc

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:

Card Type: **VISA** ☐ **MasterCard** ☐

Card Number:					--					--					--				

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

Card Expiration Date: _____
Month/Year

Cardholder Phone #: _____
(NNN) NNN-NNNN

Transaction Date: _____
Month/Day/Year

Charge/Debit Amt **$** _____

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

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

Moco (Internal) Use Only Authorization Code: _____