



PayLease Inc.
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San Diego, CA 92121

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Phone: (858) 657-9391
Fax: (866) 492-2883
E-mail: support@paylease.com

Credit Card Payment Authorization



Transaction Amount: \$ _____

***Transaction Fee Below**

Payment type: _____

(Ex. Lease Payment, Sec. Dep, Application Fee)

Card Number: _____

Card Expiration Date: _____

Month / Year

CVV2 Number: _____

Last three digits on the back of Credit Card

Cardholder's information:

First Name: _____

Last Name: _____

Billing Information (Address where statement is mailed):

Address: _____

City: _____

State: _____

ZIP/Postal Code: _____

E-Mail (For Receipt): _____

Residents Information:

(If the same as Cardholder, please disregard)

First Name: _____

Last Name: _____

Management Company: _____

Property Address: _____

Unit Number: _____

*Please include unit number if applies

Property City: _____

Property Zip: _____

I, the cardholder for the credit card above, agree to allow PayLease to debit my card for the amount stated above AND the related transaction fee. By signing this authorization, I agree that I will not dispute this charge through my credit card company.

Signature: _____

Transaction Fees:

***Mastercard/Discover: 3% of total transaction**

***American Express: 4% of total transaction**

***VISA: \$22.95 per transaction**

***VISA: \$2000.00 limit on VISA transactions. If the transaction amount is higher than \$2000.00, PayLease will process the transaction in multiple payments under \$2000.00 totaling the transaction amount. Please be advised a transaction fee of \$22.95 will be assessed per payment.**