

# Automatic Credit Card Billing Sheet

PLEASE PRINT

Student's Name: \_\_\_\_\_

Apartment #: \_\_\_\_\_

Phone number: \_\_\_\_\_

Amount to be billed each month: \_\_\_\_\_ (please reference your lease)

Date you would like your credit card to be billed. Please select one of the following:

- 25<sup>th</sup> of the Month (Each month, the student's name will be entered in the Early Bird Rent Drawing for a \$50 gift certificate)
- 1<sup>st</sup> of the Month

If the student is billed any additional charges (electric bills, lockouts, etc) would you like those to be billed to the credit card on file? YES NO

Type of Credit Card: (Please Circle) AmEx Discover Card MasterCard Visa

Credit Card Number:

\_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_

Address where Credit Card Bill is sent:

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City, State, Zip)

Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature

**Fax to 314-246-2788 or mail to: 520 Garden Ave., St. Louis, MO, 63119**

For Office Use Only:

AUG SEPT OCT NOV DEC JAN FEB MAR APR MAY JUN JUL