

STUDIO 819 RESIDENTIAL HOTEL
819 University Avenue
San Diego, California 92103
Phone (619) 542-0819 | Fax (619) 688-6512

Credit Card Authorization Form

Please provide all information below:

Name(s) _____

Address
Street _____ Apt. _____
City _____ State _____ Zip _____

Phone Number _____

I hereby agree to be personally responsible for the payment of the following and damages incurred by the Applicant for the entire Rental/Lease Agreement

- Room Charge \$ _____ (_____)
- Parking \$ _____ (_____)
- Credit Check Fee \$ _____ (\$25 / Non-refundable)
- Holding Deposit \$ _____ (\$100 / Charged upon approval of rental application)
- Security Deposit \$ _____ (_____)
- Other Charge \$ _____ (_____)
- TOTAL** \$ _____

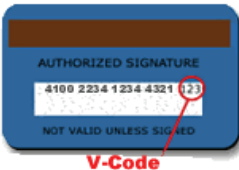
Credit Card VISA MASTER

Credit Card Number _____

Expiration Date _____ / _____ (MM/YY) _____ (V-code)

Name of Card Holder _____

Signature X _____ **Date** _____ / _____ / _____



Please fax or mail back this form to Studio 819 Residential Hotel as soon as possible.
Thank you very much for your interest in Studio 819 Residential Hotel.