

GOOD REALTY MANAGEMENT, LLC

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NO CANCEL Credit Card Deposit Authorization Form (11/16/09 Version)

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 _____ to _____. Cardholder understands that there is no Cancellation Policy and should cardholder cancel, cardholder will forfeit their entire Security Deposit. **OUR LEASE MUST BE FULLY EXECUTED AND RETURNED THE SAME DAY IT IS RECEIVED BY THE TENANT.**

Card# _____ - Visa/MasterCard/AMEX/Discover Accepted

Expiration Date _____

CVV Code (Last 3 Digits from back of card) _____

Cardholder Name _____

Full Billing Address _____

Cardholder Signature _____