



**SWFL Rentals & Property Management, LLC**  
 Vacation Rentals \* Property Management \* Annual Rentals  
 PO Box 100544 \* Cape Coral FL 33910  
 Phone: 239-699-1462 \* Fax: 239-236-0919  
 Email: SWFloridaRentals@gmail.com  
 Web: [www.SWFL-Rentals.com](http://www.SWFL-Rentals.com)

## CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY EMAIL  
[SWFLORIDARENTALS@GMAIL.COM](mailto:SWFLORIDARENTALS@GMAIL.COM) OR FAX: 001-239-236-0919.

Vacation rental Villa: \_\_\_\_\_ **Rent Term:** From: \_\_\_/\_\_\_/\_\_\_ Thru: \_\_\_/\_\_\_/\_\_\_

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Billing Address (if different from above): \_\_\_\_\_

Billing City, State, ZIP: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_



*Card  
Identification  
Number*

Down payment or Full Rental **Amount \$** \_\_\_\_\_ **(USD)**  
 (excluding Damage/Security Deposit of \$500) **3.5% processing fee will apply**

Damage/Security Deposit will be held (not charged) on Credit  
 Card upon arrival in the amount of \$500.00 (no processing fee)

I herewith give SWFL Rentals & Property Management LLC, the authorization to charge my credit card for the amount and the terms stated above.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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