

**CREDIT CARD AUTHORIZATION FORM**

**Samson Equities Corporation**

**Rainbow Executive Suites: 800 N. Rainbow Blvd., Suite 208; Las Vegas, NV 89107-1103  
Phone 702-948-5000 – FAX 702-948-5001**

**Tropicana Business Center: 4760 S. Pecos Rd., Suite 103; Las Vegas, NV 89121  
Phone 702-966-6400 – FAX 702-966-6401**

**The Falls at Tropicana: 1516 E. Tropicana Ave., Suite 145, Las Vegas, NV 89119**

**INSTRUCTIONS:**

- 1) **Complete all lines.**
- 2) **Attach photocopies of the credit card and the Cardholder's Driver's License.**
- 3) **Deliver, FAX or mail to Samson Equities at the Rainbow address or FAX number.**
- 4) **Note: The charge will appear on your credit card billing statement as "Samson Equities"**

TENANT NAME: \_\_\_\_\_

YOUR UNIT NUMBER (ON YOUR LEASE OR MONTHLY TENANT LEDGER): \_\_\_\_\_

THE ADDRESS OF THE BUILDING WHERE YOU RENT FROM US: \_\_\_\_\_

CARDHOLDER NAME (IF DIFFERENT FROM TENANT NAME): \_\_\_\_\_

Type of Credit Card (**Check One Box Only**):     MasterCard     Visa     American Express

Card No. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

ADDRESS WHERE THE BILLS FOR THIS CREDIT CARD ARE NOW RECEIVED: \_\_\_\_\_

THE UNDERSIGNED HEREBY AUTHORIZE SAMSON EQUITIES (HEREAFTER "PAYEES") TO CHARGE THE ABOVE-REFERENCED CREDIT CARD (HEREAFTER "THE CARD") AS SET FORTH BELOW. WE AGREE TO PAY THE CARD ISSUER FOR ALL SUCH CHARGES IN ACCORDANCE WITH THE CARD ISSUER'S CARDHOLDER AGREEMENT IN EFFECT AT THE TIME OF THE CHARGE. UPON REQUEST, WE AGREE TO PROVIDE PAYEES, THE INSTITUTION ISSUING THE CARD, AND ANY INSTITUTION PROVIDING CREDIT CARD CLEARING SERVICES PERTAINING TO THE CARD, WITH A SIGNED DUPLICATE ORIGINAL OF THIS AUTHORIZATION FORM, AS WELL AS A SIGNED DUPLICATE ORIGINAL OF ANY CHARGE SLIP, DRAFT OR DEBIT GENERATED UNDER THE TERMS OF THIS AUTHORIZATION, A SIGNED LEGIBLE PHOTOCOPY OR FAX OF THE CARD UPON REQUEST.

**ONE-TIME CHARGE.** A ONE-TIME CHARGE OF THE FOLLOWING AMOUNT: \_\_\_\_\_

**AUTO MONTHLY CHARGE.** A MONTHLY RECURRING CHARGE OF \_\_\_\_\_ TO BE CHARGED ON OR AFTER THE FIRST OF EACH MONTH, BEGINNING WITH THE DATE OF THIS AUTHORIZATION, AND CONTINUING UNTIL CANCELED BY THE UNDERSIGNED.

DATED: \_\_\_\_\_

CARDHOLDER SIGNATURES: \_\_\_\_\_