

# CHEYENNE TRAILS, LLC.

## CREDIT CARD AUTHORIZATION FORM

**PLEASE READ THIS BEFORE YOU CONTINUE:** FORM MUST BE COMPLETED IN FULL, SIGNED BY AN AUTHORIZED USER OF THE CREDIT CARD, ALONG WITH **A CLEAR COPY OF THE CREDIT CARD AND AUTHORIZED USER DRIVER'S LICENSE OR PASSPORT PAGE SHOWING SIGNATURE AND PICTURE**, FAXED TO **(702) 643-7529** OR EMAILED TO [cheyennetrails@lvcoxmail.com](mailto:cheyennetrails@lvcoxmail.com) AND RECEIVED CHEYENNE TRAILS LLC BEFORE ANY PAYMENT CAN BE MADE. IF YOU FAIL TO COMPLY WITH THESE REQUIREMENTS WE WILL NOT BE ABLE TO PROCESS YOUR PAYMENT.

**BY EXECUTING THIS AGREEMENT UNCONDITIONALLY**

(NAME AS IT APPEARS ON CREDIT CARD)

**AUTHORIZES CHEYENNE TRAILS TO CHARGE THE FOLLOWING CREDIT CARD:**

**CREDIT CARD TYPE:** (Circle)



CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CVV 2 Code: \_\_\_\_\_ (Example below - Back of Card)

FOR A ONE TIME AMOUNT OF: \$ \_\_\_\_\_  Recurring Monthly Lease Charges on 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup>

**CARDHOLDER'S BILLING ADDRESS (Required):**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**BILLING:** AREA CODE AND TELEPHONE No.: \_\_\_\_\_

\_\_\_\_\_  
CARDHOLDER AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

I CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION MADE IN THE AGREEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER. IN THE CASE OF ANY ISSUES OR DISPUTES CONCERNING THIS TRANSACTION I WILL NOTIFY CHEYENNE TRAILS LLC PROMPTLY TO RECTIFY THE SITUATION PRIOR TO NOTIFYING MY CREDIT CARD COMPANY.

**APPLICABLE FEES:** DEBIT CARD (\$2.95 FEE), VISA/MASTERCARD/DISCOVER (2.2% FEE), AMERICAN EXPRESS (3% FEE). FEES ARE CHARGED BY 3<sup>RD</sup> PARTY MERCHANT SERVICER, FEE IS EXACT COST OF ACCEPTANCE BY SERVICER, NO PART OF FEE IS PAID TO CHEYENNE TRAILS, LLC.

