

**** ONLY INCLUDE THIS PAGE IF YOU ARE PAYING BY CREDIT OR DEBIT CARD.**

**** Payment is REQUIRED before any services performed. Please choose one of the options below.**

**** Las Vegas Landlord ("LVL") = Screening and Eviction Company for Landlord.**

**** All Fees, Charges, etc. are Nonrefundable and Nontransferable Regardless of Outcome.**

**** Must use BLACK INK pen to full in this payment authorization.**

OPTION-1. Cash (Hand delivery only, DO NOT mail cash). *No Service Charge.*

OPTION-2. Check / Cashier's Ck / Money Order (payable to **Las Vegas Landlord**). *No Service*

OPTION-3. Credit / Debit Card (Visa, MasterCard, Amex, Discover). *Service Charge.*

This payment option has a 5% service charge, added to the payment, for all Credit and Debit card payments. (Ex: If bill is \$60 + \$3 [5% Service Charge] = Total Bill Charged is \$63).

CREDIT/DEBIT CARD AUTHORIZATION: By providing my Credit/Debit card payment information below, whether: i) by email, fax, or in person (with signature); or ii) over the phone (no signature, verbal authorization) that I authorize LVL to charge my credit/debit card for the nonrefundable and nontransferable application fee plus service charge, regardless of the outcome:

Property: _____
Rental Property Street Address, City, State, Zip Code

Charge My Credit/Debit Card for Screening	<input type="checkbox"/> \$60 = [1-Person] <OR> <input type="checkbox"/> \$120 = [2-People] <OR> <input type="checkbox"/> \$180 = [3-People] <OR> <input type="checkbox"/> \$240 [4-People] (plus a five (5%) percent Service Charge)
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Name on Card: _____ Phone: _____

Billing Zip code: _____ Email: _____

Card #: _____ Amex[3] Visa[4] MC[5] Discover[6]

Expiration: (mm / yy) _____ CVV Code: _____ (Amex = Front. Visa / MC / Discover CVV = Back.)

BY SIGNING BELOW, I AUTHORIZE LVL TO CHARGE BY CREDIT/DEBIT CARD FOR THE NONREFRUNDABLE AND NONTRANSFERABLE APPLICATION FEE PLUS SERVICE CHARGE, REGARDLESS OF THE OUTCOME.

X _____
Card Holder Signature Date

OFFICE USE ONLY [Staff to fill (hand written) in Date and Time of Call]	
Call-In Date (MM/DD/YYYY)	Call-In Time (AM / PM)
Print Staff Name	

**** The Memo below is for Applicant's personal use and has NO bearing on this Payment Authorization.**

Memo: _____

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**** Fill in, Print and Sign. Deliver to in person or Fax or Email to LVL.**