

Simple Suites

14001 N. 7th Street
Suite D 107
Phoenix, AZ 85022
602.688.4830 ofc
602.926.2806 fax

CREDIT CARD FORM



I authorize Simple Suites to keep my signature on file and to charge my account \$95 per month for the next 6 months and the \$125 technology set-up fee.

Client's name _____

Cardholder's name _____

Card Holder's address _____

City _____ State _____ Zip code _____

Please circle: VISA MASTERCARD AMEX

Account no.: _____ Expiration __/__/__

CVV2 code: _____

Signature: _____

Date: _____