



VIRGIN ISLANDS HOUSING MANAGEMENT INC.

3202 Demarara No. 3 • Frenchtown Plaza • Suite 200 • St. Thomas, USVI 00802
Telephone (340) 777-4432 • Fax: (340) 775-7913

CREDIT CARD AUTHORIZATION AGREEMENT (PLEASE PRINT OR TYPE INFORMATION)

NAME: _____ ACCOUNT NUMBER: _____

I hereby authorize the **VIRGIN ISLANDS HOUSING MANAGEMENT INC**, hereinafter called the **VIHM**, to charge my credit card in the amount of \$ _____ each month for the payment of my account (rent) listed above for the duration of the lease term. By signing this documentation, you are agreeing not to dispute or cancel these charges. This authorization is to remain in full effect unless written notification to cancel is received by **VIHM**. A fax copy of this authorization is not allowed.

Requirements: A legible copy of the front and back of the credit card and your picture ID. This request can only be made by the cardholder of said account.

PLEASE CHECK ONE: VISA MASTERCARD

Date of Payment: 1st or 10th

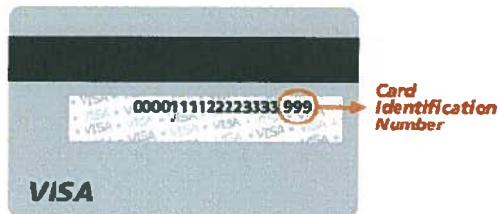
Exact name as shown on card

_____-_____-_____
Credit Card Number

_____/_____/_____
Expiration Date

CID No. (See below)

Cardholder's Signature & Date



Billing address of Cardholder

Daytime Telephone No.

Physical address of Cardholder

TERMS OF AGREEMENT

Please ensure that you have read the following before signing the Credit Card Authorization Agreement. Please retain a copy of this page for your records.

- VIHM may vary this agreement at any time by giving you at least 15 days notice.
- By signing a Credit Card Authorization, you request and authorize VIHM to arrange for your credit card to be charged in the amount stated as provided in this Authorization Agreement. The amounts drawn will be in accordance with your coupon or any greater amount which you, or either of you, instruct VIHM to draw.

VIHM will arrange for funds to be debited from your account:

- as requested and authorized in the Credit Card Authorization Agreement; and
- in accordance with this Agreement.

The payment will be deducted from your nominated account on the *1st* or *15th* of the month. If this date falls on a non-working day or a federal or local holiday, the payment will be processed on the next business day.

It is your responsibility to ensure that you have sufficient funds in the nominated account when payments are to be drawn. If you do not have sufficient funds, then:

- the payment will be regarded as not having been made;
- you are required to visit the office and make the payment along with any other fees that have been accrued as a result.

If you believe that there has been an error in charging your account you should contact the Collections & Servicing Division at (340) 777-4432 or 772-4432 between the hours of 8am to 4pm, Monday to Friday so that we may resolve your query quickly. Your records and account details will be kept private and confidential and will only be disclosed at your request or the request of the financial institution in connection with a claim made to correct an alleged incorrect or wrongful debit or otherwise as required by law.

- I/We have read the terms of the Credit Card Authorization Agreement.

Initial(s) _____/_____

Date: ____/____/____