



AMSCHWAND SARCOMA CANCER FOUNDATION
Offering love, hope, and tangible support

ASCF APARTMENT PROGRAM Credit Card Authorization Form

Tenant/Patient Name: _____

Property Name/Address: Equinox, 2950 Old Spanish Trail, Houston, TX 77054

Unit Number: _____

Move-in Date: _____

A general review of the condition of the apartment provided through the Amschwand Sarcoma Cancer Foundation's Apartment Program to the Tenant named above, along with an inventory of all items will be conducted after the Tenant has checked out. Damaged property, and/or missing or damaged items (including keys and FOB), will result in a forfeiture of the Tenant's deposit, and additional charges may be incurred as required to replace or repair the item. For this reason, it will be necessary for the Tenant to provide credit card information, held for the possibility of these incidental charges. The Tenant will be notified if charges are incurred. Send completed form by email or regular mail to:

Amschwand Sarcoma Cancer Foundation
2726 Bissonnet Street, Suite 240-314
Houston, TX 77005
info@sarcomacancer.org

Name as it appears on the Card: _____
Type of Card: Visa ___ MC ___ AmEx ___
Account number _____
Expiration Date _____
Security Code _____
Billing Address _____
City, State, Zip _____
Phone Number _____

By signing this form, you authorize **Amschwand Sarcoma Cancer Foundation** to charge your card if necessary to replace or repair items damaged or lost during your stay.

Signed: _____ Date: _____