

Hughes Management & Consulting Corp.

315 W. University Drive, Suite A • Arlington Heights, IL 60004 • (847) 577-3160 • Fax (847) 577-7520

Email: info@hmcc1.com Website: www.hmcc1.com

Credit Card Authorization

Today's Date: _____

I hereby authorize Hughes Management & Consulting Corp., hereinafter called COMPANY, to initiate credit card transactions and to initiate, if necessary any adjustments for any transaction in error to the account indicated below and the credit card type named below, to credit the same to such amount. This authority is to remain in effect until COMPANY has received written notification of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

ONE-TIME CHARGE: I would like my credit card (**Visa or MasterCard**) charged one-time for the amount due specified by the Company.

Credit Card Information:

Credit Card Type: _____ Card Number: _____

Expiration Date: _____

Amount Due: _____

Convenience Fee: (completed by Hughes Management): _____

Total Charge Amount: _____

Credit Card Billing Address: _____

City & State: _____

Zip Code: _____

Phone: _____

Cardholder's Name (as it appears on card): _____

Cardholder's Signature: _____

Property Representative: _____