

Renascentia Hall, LLC

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Cardholder Name	•			
Billing Address:				
Credit Card Type	:Visa	MasterCard	Discover	AmEx
Credit Card Num	ber:			
Expiration Date: _				
Card Identificatio	n Number (last 3 d	ligits located on the b	ack of the credit c	ard):
Amount to Charge	e: \$ (U	SD) + 5% processing	fee	
agree that I will p		e in accordance with		ny credit card provided herein. I cardholder agreement.
Signed:				
Dated:				
Name:				

Once signed return the completed form to:

Renascentia Hall, LLC
Attn: Danielle Lu
700 Barksdale road, Suite 2
Newark, DE 19711
P: 302.273.2009 / F. 302.444.4916

dlu@renashall.com