

SECURITY DEPOSIT FOR DAMAGES Casa Theodore, Inc.

Property:		
I, American Express	:	give Payment Processing permission to charge my
(Circle one)	Visa	MasterCard
In The Amount Of	* <u>5,000</u>	
Credit Card #:		
Name As It Appea	rs On Caro	d:
Address:		
City, State/Province	ee:	
Zip Code (and Cou	ıntry, if no	t U.S.):
Email Address:		
CHARGED ON Y	OUR CRE	YOU UNDERSTAND THAT THIS AMOUNT WILL BE DIT CARD 1 WEEK PRIOR TO RENTAL DATES, AND THAT L BE REFUNDED IF NO DAMAGES ARE INCURRED.
Signature		