I authorize Resale Houston Inc. to Charge my debit/Credit card for the amount due on the 5th of every month

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Dates:

* January 5th
* February 5th
* March 5th
* April 5th
* May 5th
* June 5th
* July 5th
* August 5th
* September 5th
* October 5th
* November 5th
* December 5th

Etc….

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE CIRCLE: American Express, Discover, Master Card, Visa

Please email to: [LINSEMEADOWS@GMAIL.COM](mailto:LINSEMEADOWS@GMAIL.COM) or Fax to: 281-396-4059

Linse Meadows Cell: 832-496-3228