



CREDIT/DEBIT CARD CHARGE AUTHORIZATION

ASTRA gladly accepts American Express, Discover, MasterCard and VISA.

I, _____ hereby authorize ASTRA to place the charges below on my credit or debit card.

The credit/debit card number is _____

Cardholder Name _____

Cardholder Billing Address _____

City/State/Zip _____

Expiration Date _____ Security Code _____

_____	The following invoices:	_____
Initial Above		_____

	for a total of	_____
_____	First Month Rent and Delivery Fee, for a total of \$	_____
Initial Above		
_____	Prorated Rent for second month (if applicable) \$	_____
Initial Above		
_____	Monthly Rent thereafter. \$	_____
Initial Above	(Automatic monthly debit to my credit/debit card)	

Cardholder Signature _____ Date _____