Ward Centers℠

CREDIT CARD SECURITY DEPOSIT AUTHORIZATION FORM

By signing this form you authorize The Howard Hughes Corporation to process the below credit card for full payment against damages and/or overtime charges in association with your Specialty Retailing Program Temporary Revocable License relating to the rental and use of The Ward Warehouse conference room(s). No credit card debit will occur if no costs are incurred.

Credit Card Information

Cardholder Name (as printed on card): _____

Account Type: ☐ Visa ☐ MasterCard

Credit Card Number: _____

Expiration Date: _____

CVV2 (3 digit number on back of Visa/MC): _____

Billing Information

Company Name (if applicable): _____

Billing Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

I hereby authorize The Howard Hughes Corporation to process the above credit card for full payment against any damages and/or overtime charges incurred in association with the renting and use of The Ward Warehouse conference room(s). I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms and conditions identified in the Specialty Retailing Program Temporary Revocable License.

_____ _____

Cardholder Signature: Date:

Rev: 07/2013