



1430 City Councillors  
Montreal (Quebec) H3B !b4  
Phone: 514-844-0999  
Fax: 514-844-1934  
www.515stecatherine.com

I authorize 515 Ste Catherine West Inc. to immediately collect a deposit of \$\_\_\_\_\_ to be applied to my first month's rent. I also authorize 515 Ste Catherine to process monthly payments of the same amount from June 2010 to April 2011 inclusively.

TENANT NAME: \_\_\_\_\_

CARD HOLDER NAME: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature of Card Holder:

\_\_\_\_\_