

Multiple Resident Credit Authorization (Form)

Date: _____

Property: _____

If more than one customer is listed on this form, they must be "Like Kind" charge type no more than one charge type (adjustment or discount) per form).

Acct # _____ Resident Name: _____ Amount _____

Acct # _____ Resident Name: _____ Amount _____

Acct # _____ Resident Name: _____ Amount _____

Acct # _____ Resident Name: _____ Amount _____

Acct # _____ Resident Name: _____ Amount _____

Charge Type and Requested Credit Amount:

Adjustment: _____

Discount: _____

Reason for the request of the Credit Adjustment or Discount:

General Manager's Signature

District Manager's Signature

