

# 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

