



PayLease Inc.
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Credit Card Payment Sheet

Full Name: _____

Card Number: _____

Card Expiration Date: _____ CVVs/CID Number: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Payment Description: _____ Amount: \$ _____

Signature: _____

Notes/Comments:

Please Fax to 909-381-6460

PROPERTY MANAGER USE ONLY

File Name: _____

Property Address: _____

City: _____ State: _____ Zip/Postal Code: _____