



YES Energy Management, Inc. Credit/Debit Card Payment Authorization

Client Name: _____

Pin: _____

Invoice #: _____

Amount: _____

For payment of: _____

Method of payment: Credit Card ☐ Debit Card ☐

MasterCard ☐ VISA ☐ American Express ☐

Name and Address of Card Holder as it appears on your Credit/Debit Card Statement:

Card Number: _____

Card Expiration Date: _____

Card CVV: _____

I hereby authorize YES ENERGY MANAGEMENT, INC. to make the above charge(s) to this account.

Signature

Date

Please return this completed form to YES via email at James.Armour@Yardi.Com or via fax at 770.729.0065. Thank you.