Phoenix Association of REALTORS®

5033 N 19TH Ave #119
Phoenix, AZ 85015
Phone: 602-246-1012
Fax: 602-246-1512

CHARGE CARD AUTHORIZATION FORM

Member Name:_____

Member # _____ MLS ID_____

Agent Phone:_____Firm Code_____

Company Name:_____

Company Address:_____

_____

Credit Card: Please circle one: **Visa** **MasterCard** **Discover** **Amex**

Name on Card_____

Credit Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(include all digits – no spaces)

VIN# (from back of card-Visa/MC/Disc) ☐☐☐

VIN# (from front of card-Amex) ☐☐☐

Expiration Date ☐☐/☐☐

Payment of:

Membership Dues: $_____

Office Fees: $_____

Education Fees: $_____

Others: (Please describe)
_____ $_____

Total to be charge: $_____

Signature_____Today's Date☐☐/☐☐/☐☐

Rev Date: 10/05/2011