



Authorization to charge my credit card

I authorize the Rhode Island Commercial and Appraisal Board of REALTORS® to charge my credit card as indicated below.

(Please print clearly.)



PAYMENT BY CREDIT CARD

Date: _____

Name on credit card: _____ Amount to be charged: _____

*Credit card (please circle one): Mastercard Visa Discover American Express

Is your credit card a: (Please circle one.) Personal credit card or a Corporate credit card

Card number: _____ Exp. Date: _____

CSV Code: _____

For verification purposes please provide the address where you receive the monthly statement on the credit card:

Email Address where we may send the receipt:

Please provide a contact phone number: _____ Signature: _____

**Please note: A payment receipt and verification regarding the processing of your membership application will be emailed to you in approximately 2-3 business days. Your payment will appear on your statement as "REALTOR® Association/MLS." This is a one-time charge. Your information is secure and will be destroyed following the successful one-time charge. The Board does not retain credit card numbers on file.*

**Please fax this form to 888-909-6406 or call in your information to 401-274-8386.
Do not email this form as email is not secure.**

Your payment will appear on your statement as "REALTOR® Association/MLS."