



## **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 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."*