

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.

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