



## 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."*



*-Continued on page 2-*

PAGE 2  
AUTHORIZATION TO CHARGE

**If the credit card appearing on page 1 of this form is not yours, the following written authorization must be received at the RICABOR:**

I am not the member, but authorize the RICABOR to charge the above amount to my credit card:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Sign Name

\_\_\_\_\_

Date

\_\_\_\_\_

Best Phone Number

\_\_\_\_\_

Email Address

\_\_\_\_\_ (last 4 digits of the credit card)

Circle one: *Mastercard* *VISA* *Discover* *American Express*

Thank you for selecting the Rhode Island Commercial and Appraisal Board of REALTORS® as your Board of Choice.  
This form may be faxed to our office at (888) 909-6406.

**RICABOR leads, supports, and inspires excellence in its members  
through education, advocacy and business development.**

**365 Eddy Street, Suite # 1, Providence, RI 02903**