



Santa Cruz Association
of REALTORS® Inc.

Creating Better REALTORS®

FAX BACK TO 831-464-2881

AUTHORIZATION FOR CREDIT CARD PAYMENT

I, _____, hereby authorize the Santa Cruz Association of REALTORS® to charge my credit card as per the details indicated below.

Visa

MasterCard

Amex

Amount to be charged

\$

* Credit Card # _____

* Expiration Date _____ / _____
(month/year)

* CVC # _____

* Credit Card Billing Address

* Street _____

* City _____ * Zip _____

* Purpose of Charge: _____

* Name as shown on Card: _____

* Cardholder Signature: _____

* Contact Phone Number () _____ - _____

**2525 Main Street, Soquel, California 95073
Phone 831-464-2000; Fax 831-464-2881**