CREDIT CARD AUTHORIZATION FORM – ONE TIME ONLY

(We do not keep credit card information on file.)

FORM MUST BE DATED AND SIGNED BY AUTHORIZED CREDIT CARD USER

HUNTSVILLE AREA ASSOCIATION OF REALTORS® (HAAR)

ValleyMLS

Please retain this completed form for your records.

Member Name:_____

(Name on account incurring charges)

Member ID #: _____

LEAVE BLANK

Charge Amount(s) ValleyMLS: $_____ **HAAR: $**_____

CREDIT CARD INFORMATION

TYPE OF CARD: American Express Visa MasterCard Discover

(Circle one)

NAME ON CARD: _____

(Name provided and name on card must match exactly)

CREDIT CARD BILLING ADDRESS:

PO Box or Street Address: _____

City: _____ State _____ ZIP Code _____

EXPIRATION: _____ / _____ **SECURITY CODE**: _____

Month Year

AUTHORIZED SIGNATURE: _____

CELL PHONE: (_____)_____-_____ **DATE SIGNED**: _____

(In case we need to call you)

Please provide your e-mail address if you would like a receipt: _____

CARD NUMBER: _____

First 12 digits will be removed from form; final 4 will be filed with form for archival purposes.