

Credit Card Authorization Form

For Recurring Charges

Please complete the form and sign and date it at the bottom and fax it to us at (252) 247-3332.

Print Name

Firm/Company _ _ _ _ _

Phone Number _ _ _ _ _

Email: _____

Credit Card Type (check one): Visa MC Disc. Am.Exp.

Credit Card Number: _____

Security Code: _____

Expiration Date: ____ / ____

Credit Card Holder's Name (print): _____
(Exactly how it appears on card)

Billing Address: _ _ _ _ _

City: _____ State: _____

Zip code: _____

New Membership Fees (Only)

Quarterly MLS Fees

Admin Annual MLS Fees

Sentrilock Fees

IDX Fees Other Fees _____

I authorize CCAR & the Crystal Coast MLS, Inc. to initiate a recurring charge(s) to the credit card herein for the indicated above fees. I understand that I may cancel my recurring charge(s) upon written notice to CCAR allowing thirty days (30) time for action on my cancellation notice. I also understand that auto pay for recurring charges will be processed the day following billing and the only notification I will receive is the receipt.

Card Holder Signature _____ Date _____