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## CREDIT CARD AUTHORIZATION FORM

### MEMBER INFORMATION

|              |             |
|--------------|-------------|
| Member Name: | Member ID#: |
|--------------|-------------|

### CARD HOLDER INFORMATION

|   |        |              |
|---|--------|--------------|
| Name on Card (if different than above): |        |              |
| Card Holder Billing Address:            |        |              |
| City:                                   | State: | Billing Zip: |
| Telephone:                              | Email: |              |

### PAYMENT AUTHORIZATION

|  |                    |                      |
|--|--------------------|----------------------|
| Charge Description:  | Amount Authorized: |                      |
| Type of Card:  | Expiration Date:   | Security Code (CSC): |
| I hereby authorize the Coastal Mendocino Association of REALTORS® to charge my credit card for the appropriate charges. I understand the authorization will apply only to the charge(s) that I have specified. |                    |                      |
| Signature:   | Date:              |                      |

### CREDIT CARD NUMBER

|  |
|--|
| The credit card number shown below will be processed according to the instructions above. The information below will be removed and destroyed after the credit card charges authorized above have been approved and processed. The remaining portion of the form will be kept on file. |
| Credit Card Number:  |