

3805 W University Dr, Denton, TX 76207 Ph: 940-387-8212 Fax: 940-380-1608 www.denton-wiserealtors.com

GENI OF AFFILIA	IE NAME to	receive payment:	
COMPANY:			
ourpose for Aut	horization:		
ew Firm Fee	\$		
oplication Fee	\$		
rientation Fee	\$		
ard Dues	\$	Year:	
LS Quarterly Fees	\$	Indicate what Quarter(s) paying for:	1 2 3 4 < (circle)
LS Late Fees	\$	(\$15.00)	
LS Reinstate Fee		(\$20.00)	
her Fees or Charges		Description:	
Subtotal	\$		
ocessing Fee	\$		
Grand Total	\$		
 Card num	ber (please	print clearly) 3 digit CVS code	e Expiration date
		d):	
Name on Cre	un Caru (prime	······································	
Street/P O Bo	X		
City, State, Z	ip:		
Contact Phon	ne #: **		
Email Addres	ss: **		
		thru the office credit card machine may automatical d the person giving permission for said charges here	
\$		GDWCAR Employee named or has been signed by to the above referenced credit card thru AMS or (udes Bank Adm Fee if applicable)	
Authorized Person or GDWCAR Employee Signature			Date of authorization