



Credit Card Authorization Form

To: Topsail Island Association of REALTORS®, Inc.

I, _____ hereby authorize the Topsail Island Association of REALTORS® Inc. to charge my credit card account as designated below on or about the 1st of the each month for MLS fees and at any other time for other charges incurred. I acknowledge my responsibility to notify the Topsail Island Association in writing of any change or cancellation of this service.

PLEASE CHECK BOX BELOW:

_____ I hereby waive my right to sign an individual sales slip for each charge to my credit card.

FIRM

NAME _____ NAME _____

Credit Card Number _____ Expiration Date _____

CID Number _____ (Please look on back of card 3 digit pin number)

Card Type _____

Is your card Personal _____ or Corporate _____

Please select one:

_____ For all charges incurred (MLS fees, Annual Dues, etc...)

_____ For initial setup fees only

_____ For MLS fees only

_____ For Annual Dues only

If this card is to be used for additional members please specify:

Signature _____ Date _____