



Credit Card Charge Authorization Form

Member Name: _____ NRDS No.: _____

This request is a one-time charge. By completing this section you are authorizing a **one-time payment** from the credit card number provided below. **Please check all areas that apply.**

Commercial Association of REALTORS® (CARNM) \$ _____

Commercial Information Exchange (CIE) \$ _____

Certified Commercial Investment Member (CCIM) \$ _____

Total to charge: _____

Visa

Mastercard

Discover

American Express

Credit Card Number: _____

Expiration Date: _____ / _____ V Code (3 digit code on back of card): _____

Credit Card Billing Address

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Email: _____

As the credit card holder, I hereby authorize the Commercial Association of REALTORS® to charge my debit / credit card.

Cardholder's Name

Cardholder's Signature

Today's Date: _____