



Authorization to charge my credit card

I authorize the Rhode Island Commercial and Appraisal Board of REALTORS® to charge my credit card as indicated below.

(Please print clearly.)



PAYMENT BY CREDIT CARD

Date: _____

Name on credit card: _____ Amount to be charged: _____

Credit card (please circle one): Mastercard Visa Discover American Express

Is your credit card a: (Please circle one.) Personal credit card or a Corporate credit card

Card number: _____ Exp. Date: _____

CSV Code: _____

For verification purposes please provide the address where you receive the monthly statement on the credit card:

Email Address where we may send the receipt:

Please provide a contact phone number: _____ Signature: _____

**Please call in your information to (401) 274-8386.
Do not email this form as email is not secure.**

Your payment will appear on your statement as "REALTOR® Association/MLS."



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AUTHORIZATION TO CHARGE

If the credit card appearing on page 1 of this form is not yours, the following written authorization must be received at the RICABOR:

I am not the member, but authorize the RICABOR to charge the above amount to my credit card:

Print Name

Sign Name

Date

Best Phone Number

Email Address

_____ (last 4 digits of the credit card)

Circle one: *Mastercard* *VISA* *Discover* *American Express*

Thank you for selecting the Rhode Island Commercial and Appraisal Board of REALTORS® as your Board of Choice.

**RICABOR leads, supports, and inspires excellence in its members
through education, advocacy and business development.**