

Payment Authorization Form

I authorize Coastal Plains Association of REALTOR to charge the following credit card amount shown.

- ☐ **VISA**
- ☐ **Mastercard**
- ☐ **Discover**
- ☐ **American Express**

Amount: _____ **USD**

Description of items and/or services:

Credit Card # _____

Expiration Date: _____ **CVV Code:** _____

Cardholder's Name: _____

Cardholder's Billing Address: _____

Cardholder's Phone #: _____

Cardholder's Signature: _____ **Date:** _____