

Central Virginia Regional MLS
CREDIT CARD PAYMENT AUTHORIZATION

Date: _____ Amount: _____

Charge Description (**Membership Fees, Lockbox**)

Credit Card Type (Circle one) MC Visa Amex

Credit card number: _____ Exp: _____

Name on card: _____

Billing address for card: _____

City: _____ State: _____ Zip: _____

My signature below authorized the CVRMLS to charge the above referenced amount to my credit card.

Signature of cardholder: _____

For Internal Use

Date received by CVRMLS: _____ Processed by: _____

Authorization Code: _____