



**PAYMENT INFORMATION**

Card Holder Name \_\_\_\_\_      \_\_\_\_\_ Visa    \_\_\_\_\_ Mastercard    \_\_\_\_\_ AMEX

Credit Card # \_\_\_\_\_      \_\_\_\_\_ Exp. Date (Month/Year)      \_\_\_\_\_ Security Code (Back of Card,  
AMX Users Front of Card)

Address \_\_\_\_\_

City \_\_\_\_\_      State \_\_\_\_\_      Zip code \_\_\_\_\_

Phone \_\_\_\_\_      Email \_\_\_\_\_

**AUTHORIZED CREDIT CARD HOLDER SIGNATURE** \_\_\_\_\_

I, \_\_\_\_\_, authorize Pasadena-Foothills REALTORS® to charge the credit card account listed on this form as indicated below for the assigned agents.

**BROKER OR AUTHORIZED OFFICE MANAGER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*I authorize the Pasadena-Foothills REALTORS® to charge the credit card as indicated in this authorization form according to the terms outlined above. If the payment due dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business (PFAR) in writing of any changes in my account information or termination of this authorization at least 5 days prior to the charge. This payment authorization is for the type of bill(s) indicated in this form. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form. I understand that it is my responsibility to notify PFAR of any changes to my billing and credit card information and I am aware that a declined payment may result in cancellation of request and or services.*

**Upload your completed form by [CLICKING HERE](#)**

***Please ensure first and last name are included in the file name when uploading.***