

CREDIT CARD AUTHORIZATION FORM

By signing and completing this form you authorize Pasadena-Foothills REALTORS® to make debit(s) to your credit card as listed below. You will be charged for the total amount due or stated on the form and a receipt will be emailed to the email address we have on file.

If your personal contact and office information has recently changed, please update your contact information via IMS (<https://ims.pfar.org>).

COMPLETE DETAILS BELOW

AMOUNT: \$ _____ <u>SPECIFY PAYMENT DETAILS</u> <i>(i.e. MLS, Sponsorship, Event Name etc.)</i> <hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/>	AMOUNT: \$ _____ <u>SPECIFY PAYMENT DETAILS</u> <i>(i.e. MLS, Sponsorship, Event Name etc.)</i> <hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/>	AMOUNT: \$ _____ <u>SPECIFY PAYMENT DETAILS</u> <i>(i.e. MLS, Sponsorship, Event Name etc.)</i> <hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/>
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PAYMENT INFORMATION		
Card Holder Name _____ <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX		
Credit Card # _____ Exp. Date (Month/Year) _____ Security Code (Back of Card, AMX Users Front of Card) _____		
Address _____		
City _____ State _____ Zip code _____		
Phone _____ Email _____		
MLS ID _____		

I, _____, authorize Pasadena-Foothills REALTORS® to charge my credit card account as indicated below.

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 above noted payment 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 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 indicated above. 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.

Email your completed form to billing@pfar.org