



321 E. Sixth St. Corona, CA 92879
Ph: 951.735.5121 | Fax: 951.735.0335

Credit Card Authorization

Visa MasterCard Amex Discover Amount Authorized \$

Card # Exp. Date CID

Name as it appears on credit card: _____

Credit card billing address: _____

City: _____ State: _____ Zip Code: _____

By signing below, I authorize the above amount to be charged to the credit card listed above. I also understand and agree to the Association's no refund policy on all Dues and MLS fees. Credit card transactions will show NAR Realtor's E- Commerce on your monthly statement

Signature: _____ Date: _____

Cell Phone # : _____

Office Name : _____

Please allow 24 hours for all transactions to be processed