



GLENDALE ASSOCIATION OF REALTORS®

124 S. Isabel Street, Glendale, CA 91205; ph: 818-241-2184; fx: 818-240-3572

# CREDIT CARD AUTHORIZATION FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

MEMBER ID #: \_\_\_\_\_ OFFICE NAME: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

NAME AS PRINTED ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_  
(VI, MC, AX, & DI ONLY)

EXPIRATION DATE: \_\_\_\_\_ AMOUNT TO BE CHARGED: \_\_\_\_\_

I authorize GAOR to charge my credit card with the amount indicated above:

CARDHOLDER SIGNATURE: \_\_\_\_\_

NOTES: \_\_\_\_\_

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**FEES:**  
**RECIPROCAL LISTING INPUT \$30 (includes one picture).**  
**PHOTO UPLOAD: \$5 for each picture**  
**LISTING CHANGE/MODIFICATION: \$7**  
**STATUS CHANGES: FREE**