



Santa Cruz County Association  
of REALTORS®, Inc.

*Creating Better REALTORS®*

FAX BACK TO 831-464-2881

**AUTHORIZATION FOR CREDIT CARD PAYMENT**

I, \_\_\_\_\_, hereby authorize the Santa Cruz County Association of REALTORS® to charge my credit card as per the details indicated below.

**Visa**

**MasterCard**

**Amex**

Amount to be charged

\$

\* Credit Card # \_\_\_\_\_

\* Expiration Date \_\_\_\_\_ / \_\_\_\_\_ \* CVC # \_\_\_\_\_  
(month/year)

\* Credit Card Billing Address

\* Street \_\_\_\_\_

\* City \_\_\_\_\_ \* Zip \_\_\_\_\_

\* Purpose of Charge: \_\_\_\_\_

\* Name as shown on Card: \_\_\_\_\_

\* Cardholder Signature: \_\_\_\_\_

\* Contact Phone Number (      ) \_\_\_\_\_ - \_\_\_\_\_

**2525 Main Street, Soquel, California 95073  
Phone 831-464-2000; Fax 831-464-2881**