

Inglewood

Board of REALTORS®

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CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT CLEARLY & FILL OUT FORM COMPLETELY

Member's Name: _____

Card Holder's Name: _____

Member's Office Name: _____

Billing Address for credit card: _____

City: _____ State: _____ **Zip Code:** _____

Cell #: _____

I authorize my **Visa** **MasterCard** **AMEX** **(WE DO NOT ACCEPT DISCOVER)**

To be charged \$ _____ + **Tax (If Applicable)** = \$ _____

+ **3% convenience fee for using a card** with a grand Total of \$ _____.

This transaction is **one time only**

Card: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ **Exp. Date:** ____/____

Security Code: _____

Cardholder Signature: _____ Date: _____

**IF YOU WOULD LIKE TO AVOID THE 3% CONVENIENCE FEE, WE ALSO ACCEPT
CHECKS PAYABLE TO "IBOR" & CASH AS FORMS OF PAYMENT**

Office Use Only

Member #: _____

Received on: _____ By: _____

Notes: _____
