



Solano Association of REALTORS®

Credit Card Authorization Form

1302 Springs Rd.
Vallejo, CA 94591
707-644-5525

I, _____, authorize the Solano Association
(Please print cardholder name)
of REALTORS® to charge my credit card in the amount of \$ _____.

PLEASE fill out every field. All are REQUIRED

Circle Payment Type: Visa Mastercard Discover American Express

Credit Card #: _____

3 digit Card Security Code: _____ Expiration Date: _____ / _____

Credit Card Billing Address: _____

(City)

(State)

(Zip)

Phone Number: _____

Email Address: _____

Cardholder Signature: _____ Date: _____