



SOLANO ASSOCIATION  
of REALTORS®

1302 Springs Rd. Vallejo, CA 94591 | Phone: (707)644-5525 | Fax: (707)644-3715 | Email: info@saor.org

## Credit Card Authorization Form

I, \_\_\_\_\_, authorize Solano Association of  
*(Please Print Name of Cardholder)*

REALTORS® to charge my credit card in the amount of \$ \_\_\_\_\_.

Payment Type:     Visa     MasterCard     Discover     American Express

Credit Card: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_    CVC: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*\*Please Note: if the credit card is denied upon 2<sup>nd</sup> attempt, a \$25 failed credit card fee will be assessed.*