



SOLANO ASSOCIATION
of REALTORS®

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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 2nd attempt, a \$25 failed credit card fee will be assessed.*