



CREDIT CARD AUTHORIZATION FORM

Please print and complete this form and return to us. All information will remain confidential.

I, _____ hereby authorize

RE/MAX 2000 Realty to charge my Credit Card for **Outstanding Office Fee**.

Signing here, you acknowledge that the outstanding office fees will be charged on the **6th** of each month if and when no payment has been made to the account.

Type of Card Visa MasterCard Discover

Credit Card Number: _____

CCV Number: _____

Expiration Date: _____

Name of Cardholder: _____

Credit Card billing address: _____

Authorized Signature of Cardholder _____

DATE RECEIVED: _____

OFFICE USE: _____