



**South Broward Board of Realtors®**

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# Credit Card Authorization Form

## Information Below is Required to Process This Payment

Name as shown on the card: \_\_\_\_\_

Member name if different from above: \_\_\_\_\_

Member License #: \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Credit Card Account Number: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_   CVC \_\_\_\_\_   Amount: \_\_\_\_\_

**House Number/PO BOX** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

<b>Circle Number of Payments Selected</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
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I authorize SBRR to charge my debit, credit card or check for the payment plan described herein selected by me. I understand that payment by the subject debit, credit card or check will be automatically deducted 30 days after initial payment is made. **SIGNATURE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_