



Credit Card Authorization One-Time Payment

Full Name: _____ Date: _____

Company: _____ License #: _____

Reason: _____ Amount: _____

I hereby authorize the Greater Fort Worth Association of REALTORS® to process a one-time payment using the card information indicated below:

Visa MasterCard American Express Discover

Card Number: _____ CSC: _____ Exp. Date: _____

Name That Appears On Card: _____

Card Billing Address: _____

City: _____ Zip: _____ Phone Number: _____

Signature: _____

**This form is used ONLY for one-time payments.