

TIGAR

The Inland Gateway
Association of REALTORS®

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Credit Card Authorization

Visa MasterCard Amex Discover Amount Authorized \$

Card # Exp. Date CID

Name as it appears on credit card: _____

Credit card billing address: _____

City: _____ State: _____ Zip Code: _____

By signing below, I authorize the above amount to be charged to the credit card listed above. I also understand and agree to the Association's no refund policy on all Dues and MLS fees. Credit card transactions will show NAR Realtor's E-Commerce on your monthly statement

Signature: _____ Date: _____

Cell Phone # : _____

Office Name : _____

Please allow 24 hours for all transactions to be processed