



MONTEBELLO DISTRICT ASSOCIATION OF REALTORS®

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Email: accounting@mdbor.com

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CREDIT CARD AUTHORIZATION FORM

(Please complete and sign the credit card form. All fields are required)

Member Name _____

Company Name _____

Cell Phone # () _____

Type of Card



American Express



Discover



Master Card



Visa

Card # _____

Expiration Date _____

CVC # _____

Billing Street # _____

Zip Code _____

Amount \$ _____

In payment of

Industry Partners Membership Dues \$175

Industry Partners Representative \$50 (*per rep*)

Initiation Fee \$50 (*one time*)

Other _____

I authorize the Montebello District Association of Realtors® to process my card in payment of my Industry Partner Dues as stated above.

Signature of Card Holder _____

Date _____