



**REQUEST FOR CREDIT CARD PAYMENT
FOR AFFILIATE MEMBERSHIP**

Company Name: _____

I hereby authorize the Tehachapi Area Association of REALTORS® to debit my credit card for:

- Application Fee and Annual Dues
- Other _____

Master **Visa** **Discover Card** **American Express** #: _____ - _____ - _____ - _____

Expiration Date: Mo _____ Yr _____ 3-4 Digit # in Italic on Back of Card: _____

Name on Credit Card: _____

Credit Card Billing Address: _____

City: _____ Zip: _____ Phone: _____

Email Address: _____

Signature Card Holder

Date