



LAREDO ASSOCIATION OF REALTORS®

Authorization for Credit Card payment:

Please print:

Mr. Mrs. Ms. _____
First Name Last Name

Real Estate License Number: # _____

Credit Card (check one)

Visa Master Card American Express Discover

Card #: _____

Name of cardholder: _____

Address on Credit Card: _____

Expiration date: _____

I authorize LAR to charge my credit card for \$_____

Signature: _____

Today's Date: _____

Complete and return to:

**Laredo Association of REALTORS®
Attn: Association Executive
616 Leal St.
Laredo, TX 78041**
