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## ***Credit Card Authorization Form***

I, \_\_\_\_\_ authorize CBA to charge my

(Check one) Visa  Mastercard  AmExp

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

To pay my CBA account # \_\_\_\_\_

Office Name: \_\_\_\_\_ in the amount of

\$\_\_\_\_\_ Or the balance owing on or around the 20<sup>th</sup> of every month.

My **credit card** billing address is \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

I request a return receipt

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

***Note:** You will still receive a monthly statement for the next month's dues. This will reflect your latest credit card payment and the next amount due which will be paid by the due date automatically. Consider your statement also as a receipt of payment.*

Return completed form to: [memberservices@commercialmls.com](mailto:memberservices@commercialmls.com)  
Allow up to 24 hours for processing, business days only.