



Credit Card Authorization Form

I, _____ authorize CBA to charge my

(Check one) Visa Mastercard American Express

Card # _____ Exp. Date: _____

To pay my CBA account # _____

Office Name: _____ in the amount of

\$ _____ or the balance owing on or around the 20th 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
Allow up to 24 hours for processing, business days only.

Commercial Brokers Association
20700 44th Ave W. Ste #550, Lynnwood, WA 98036 | 425-820-3348