



Credit Card Authorization Form

I _____, hereby authorize
_____ to use my

American Express Discover MasterCard Visa

Credit card number: _____ Exp. date: _____

Credit card billing address zip code: _____ Security Code: _____

To pay the amount of:

\$ _____ ORRA dues

\$ _____ MLS fees

\$ _____ Other: _____

\$ _____ **Grand Total**

Cardholder's signature: _____ Date: _____

Cardholder's name: _____

Cardholder's phone: _____

ORRA Membership Department
Phone 407.513.7282 / Fax 407.293.6083