



CREDIT CARD AUTHORIZATION FORM

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged each billing period for the total amount of office fees due for that period. The charge will appear on your credit card statement. Expenses charged to your credit card will include charges as agreed to in Exhibit B/B-1 of the Compensation Agreement.

I am authorizing the following:

Monthly Agent Billing and Future one-time charges I sign-up for

Recurring Monthly Agent Billing Only

One-time Charge Only

Please complete the information below:

I _____ authorize Select Group Real Estate Services to charge my credit card
(full name)

indicated below on or around the 10th of each month for payment of my office fees.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard Amex Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____