



3105 NE 14 Street • Ocala, Florida • 34470 www.omcar.com
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CREDIT CARD AUTHORIZATION FORM

Please fax to 352-629-5490 or email: cheri@omcar.com

I, _____, hereby authorize the Ocala/Marion County Association
(Please print name)
Of Realtors® to charge the products/services/items mentioned below to my credit card.

CREDIT CARD TYPE: _____

CARDHOLDER NAME: _____

CREDIT CARD #: _____

SECURITY CODE #: _____

EXPIRATION DATE: _____

NAME AS IT APPEARS ON CARD: _____

MAILING ADDRESS: _____

TELEPHONE: _____

FAX #: _____

EMAIL ADDRESS: _____

PRODUCTS/SERVICES/ITEMS THAT MAY BE CHARGED TO THIS CREDIT CARD:

(RECURRING /MONTHLY/ONE TIME) _____

AMOUNTS (IF ONE TIME): _____

CARDHOLDER'S SIGNATURE: _____

DATE: _____