



Wichita Falls Association of Realtors®

## CREDIT CARD AUTHORIZATION FORM

INVOICE # \_\_\_\_\_ SALES RECEIPT # \_\_\_\_\_

**FOR:** \_\_\_\_\_

**PLEASE CHARGE \$** \_\_\_\_\_

**TO MY:**             VISA             MasterCard             Discover

**CREDIT CARD #** \_\_\_\_\_

**EXPIRATION DATE** \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

\_\_\_\_\_ **ZIP** \_\_\_\_\_

**NAME AS SHOWN ON CARD** \_\_\_\_\_

**SIGNATURE** **X** \_\_\_\_\_ **DATE** \_\_\_\_\_

-----  
WFAR USE ONLY

REC'D BY \_\_\_\_\_ DATE \_\_\_\_\_

Mail to: Wichita Falls Association of Realtors 4007 Call Field Rd.- Suite B Wichita Falls, TX 76308

Fax to: 940-322-2008 eMail to: [Cheryl@wfar.com](mailto:Cheryl@wfar.com)

We also have an **AFTER HOURS Drop Slot** cut into the glass on the Left side of the door to WFAR.