



REALTOR®

LAKE HAVASU ASSOCIATION OF REALTORS®

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CREDIT CARD AUTHORIZATION

I _____
(Print Name)

authorize the Lake Havasu Association of REALTORS® to charge my credit card

VISA MASTERCARD

Card # _____

Expiration Date _____ Security Code # _____

Credit Card Billing Address

_____ Street

_____ City

_____ Zip Code

Amount of authorization _____

For _____

Signature _____

Phone number where we can reach you _____

NOTE* All information is required to run a credit card. We cannot process your request without all information. Thank you.

