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## **CREDIT CARD AUTHORIZATION FORM**

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: (844) 273-8307 OR BY REGULAR MAIL PO Box 2566 SPI, TX 78597 DELIVER IN PERSON TO 2111 PADRE BLVD. SUITE #5 SPI, TX 78597

COMPANY NAME:	
Cardholder Name:	Signature:
Address:	
Credit Card Type: VISA	MASTERCARD DISCOVER AMERICAN EXPRESS
Credit Card Number:	
Expiration Date:	
Billing Zip Code:	
Card Identification Number	r (last 3 digits located on the back of the credit card):
* VISA *	Card Identification Number
VISA	
Amount Charged: \$	(USD)