



# Membership Credit Card Authorization Form

COAR, 2112 NE 4<sup>th</sup> Street, Bend OR 97701  
Phone: 541.382.6027 Email: candace@coar.com

**All fields are required.**

I agree to pay the established non-refundable dues and administrative fees in accordance with the Bylaws of the Central Oregon Association of REALTORS®, the Rules and Regulations of the Multiple Listing Service of Central Oregon and the activation fee per the Supra Keyholder Agreement.

I agree and understand that after the below payment has been submitted for payment the Central Oregon Association of REALTORS® will destroy the bottom portion of this Authorization Form, and COAR and MLSCO will not retain my credit card information.

**MLS Membership Total:** \$ \_\_\_\_\_ **Initials** \_\_\_\_\_

**Association Membership Total:** \$ \_\_\_\_\_ **Initials** \_\_\_\_\_

**Supra Activation and Monthly Fee (Billed by Supra) Initials** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Billing Address for Card:** \_\_\_\_\_

---

**Card Type –**  Visa  Master Card  Discover  American Express

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CSV:** \_\_\_\_\_