

KEEP YOUR CREDIT CARD ON FILE WITH MLS

Credit Card Authorization
PLEASE PRINT!

Agent Name: _____ State File #: _____

Card Number: _____ Expiration Date: ___/___/___

Card Type (circle one): Visa MasterCard Discover American Express

I authorize the MLS of Greater Cincinnati to keep this credit card information on file. I understand this information will be used to process the payment of the semi-annual MLS invoice approximately 20 days prior to the due date. I will notify MLS of any changes or when I no longer wish to keep my card on file.

Signature of Cardholder: _____

Signature Date: ___/___/___ Phone #: (_____) _____

Note: Your credit card billing statement will show a charge from MLS of Greater Cincinnati.

MLS of Greater Cincinnati, Inc. P.O. Box 37889, Cincinnati, Ohio 45222-0889 phone: 513-761-8833 fax: 513-761-8860

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