

Credit Card Authorization

| Association: | | | | | |
|--|--------------|-----------------|----------|-------------|---------|
| Homeowner: | | | | | |
| Unit Address: | | | | | |
| Date of Request: | | | | | |
| Check Items Requesting: | | | | | |
| **Resale Certificate (\$250 ea.): | | | | | |
| **Questionnaire (\$50 ea.): | | | | | |
| Expedited Service (\$50): | | | | | |
| Total Amount Due: | | | | | |
| | | | | | |
| I, | | agree to pay th | ie amoui | nt shown al | ove for |
| unit address: | | | | | |
| | | | | | |
| Credit Card Information: | | | | | |
| Credit Card #: | | | | | |
| Exp Date: | (| ZVV: | | | |
| Credit Card Billing Zipcode: | | | | | |
| Email: | | | | | |
| (A copy of the receipt will be sent to | to the email | provided abov | ve.) | | |

**Standard service will be completed within 10 business days.

 $TELEPHONE: 907-343-8911 \quad | \quad FACSIMILE: 907-297-2910 \quad | \quad EMAIL: \\ \underline{rbpropertymanagers@googlegroups.com}$

ADDRESS: 1577 C Street Suite #101 | Anchorage, Alaska 99501

WEBSITE: http://roybrileyassociationmanagement.com