

A FAMILY COMPANY

# ROY BRILEY

ASSOCIATION MANAGERS

## 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 the amount shown above for  
unit address: \_\_\_\_\_.

### Credit Card Information:

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Credit Card Billing Zipcode: \_\_\_\_\_

Email: \_\_\_\_\_

(A copy of the receipt will be sent to the email provided above.)

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