



# HiCentral MLS, Ltd.

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## CREDIT CARD PAYMENT FORM FAX FORM TO 683-7038

DATE: \_\_\_\_\_

### MEMBER INFORMATION

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME                      HBR MEMBER #

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY                                      STATE                                      ZIP CODE

SELECT A SERVICE(S):     MLS RECIPROCAL     DATA SERVICES  
    MLS ASSISTANTS     OTHER: \_\_\_\_\_

### METHOD OF PAYMENT

VISA     MASTER CARD     AMEX     DISCOVER

NAME: \_\_\_\_\_  
(as appears on card)

CARD NUMBER: \_\_\_\_\_ CVV #: \_\_\_\_\_

EXPIRE DATE: \_\_\_\_\_ PAYMENT AMOUNT: \$ \_\_\_\_\_

### CREDIT CARD BILLING ADDRESS

\_\_\_\_\_  
BILLING ADDRESS

\_\_\_\_\_  
CITY                                      STATE                                      ZIP CODE

\_\_\_\_\_  
PHONE NUMBER                      FAX NUMBER                      E-MAIL

NAME (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### SPECIAL INSTRUCTIONS/NOTES:

### OFFICE USE ONLY

FAX OR MAIL RECEIPT                      DATE FAXED/MAILED: \_\_\_\_\_                      DATE PROCESSED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_