



HiCentral MLS, Ltd.

1136 12th Ave, Suite 200, Honolulu, HI 96816 Ph: 808.791.3789
http://www.hicentralmls.com • admin@hicentralmls.com

CREDIT CARD PAYMENT FORM

PLEASE FAX PAYMENT FORM TO FAX # 683-7038

DATE: _____

MEMBER INFORMATION

LAST NAME, FIRST NAME, MIDDLE NAME

HBR MEMBER NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

PAYMENT TYPE:

MLS RECIPROCAL

RETS FULL [BILL MONTHLY TO OFFICE]

RETS ACTIVE-ONLY

RETS FULL [BILL MONTHLY TO AGENT]

MLS ASSISTANTS

OTHER: _____

METHOD OF PAYMENT

VISA

MASTER CARD

AMEX

DISCOVER

NAME:

(as appears on card)

CARD NUMBER:

EXPIRE DATE:

PAYMENT AMOUNT:

* SECURITY CODE:

* Last 3 digits located in the back of your card

CREDIT CARD BILLING ADDRESS

BILLING ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

E-MAIL

NAME (PRINT):

NAME (SIGNATURE):

SPECIAL INSTRUCTIONS/NOTES:

OFFICE USE ONLY

FAX OR MAIL RECEIPT

DATE FAXED/MAILED: _____

DATE PROCESSED: _____

RECEIVED BY: _____