



Honolulu Board of REALTORS®

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CREDIT CARD PAYMENT FORM FAX FORM TO 732-8732

DATE: _____

MEMBER INFORMATION

LAST NAME FIRST NAME MIDDLE NAME HBR MEMBER #

MAILING ADDRESS

CITY STATE ZIP CODE

PAYMENT TYPE: BOOKSTORE EDUCATION TRADESHOW / SPECIAL EVENTS
 MEMBERSHIP MLS OTHER _____

METHOD OF PAYMENT

VISA MASTER CARD AMEX DISCOVER

NAME: _____
(as appears on card)

CARD NUMBER: _____

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: _____