



HiCentral MLS, Ltd.

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

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: _____

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): _____

SIGNATURE: _____

SPECIAL INSTRUCTIONS/NOTES:

OFFICE USE ONLY

FAX OR MAIL RECEIPT DATE FAXED/MAILED: _____ DATE PROCESSED: _____

RECEIVED BY: _____