



Request to Automatically Bill Credit Card

(Formatted for Letter Size Paper - 8 1/2 X 11)

The following information must be completed to have a Credit Card Automatically Billed
for an account with APPRAISERSdotCOM.

All Information Requested Must Be Entered.

Please Type or Print Plainly.

This form may be sent to APPRAISERSdotCOM via Fax or e-mail.
All parties to this transaction should retain a copy for their records.

APPRAISERSdotCOM Account Number _____
APPRAISERSdotCOM Account Owner _____

Period (Amount) to be charged to credit card (circle one as appropriate)

Quarterly * as Invoiced **Semi-Annual** as Invoiced **Yearly** as Invoiced

Enter present amount of Invoice to be billed \$ _____ . _____ for the above circled period.

(I understand that this amount may change if I make changes in my account.)

* **Note** - Quarterly is not Available for Local Area Accounts (Accounts with 4 or fewer counties)

Credit Card Information (Please Print Plainly)

Type of Credit Card (circle one) Visa / Master Card / Discover
 Credit Card Number _____
 Credit Card Expiration Date * ____ / 20____
 Security Code (3 digits from back of Card) _____
 Your Name (as it appears on card) _____
 Company Name (as it appears on card) ** _____
 Address to which Credit Card bill is sent _____

* Note: CC must be valid for at least One Year from date submitted

** Required only if this is a Company Credit Card

Company Information (Please Print Plainly)

Company Name _____
 Listed Appraiser _____
 Address _____
 City _____
 State, Zip _____
 Contact Telephone # _____
 Contact Fax # _____
 E-Mail Address _____

By completion of this form, the undersigned requests that the above Credit Card be automatically billed, for the Period indicated, for the above APPRAISERSdotCOM account.

Credit Card will be Authorized and cardholder will be notified before Account Due Date.
 Credit Card will be Billed on or about the last business day of the current listing period.
 It is the responsibility of the undersigned to maintain up to date information (valid CC Number and Exp. Date)

This agreement will remain in effect until cancelled in writing by the undersigned.

Signed (**Card Holder**) _____
 Please Print Name _____
 Date ____ / ____ / ____

APPRAISERSdotCOM reserves the right to verify all information submitted with the parties listed and/or the state appraisal board.