



PACIFIC WEST ASSOCIATION OF REALTORS®

Payment Authorization for Recip Listings Only Form

Date: _____

Address of the Property: _____

City: _____ Zip Code: _____

Listing Agent Name: _____ Phone #: _____

Office Name: _____

Listing Fee \$25.00 (includes one photo)

Listing fee includes 1st *Photo	\$25.00		
_____ # of Additional *Photos @ \$5.00	\$ _____	= \$ _____	

Type of Credit Card: VISA [] M/C [] AM EXP [] OPTIMA []

Card # _____

Exp. Date _____ CID (three security digits for the card) _____

Name as it appears on Card _____

I authorize the Association to charge my credit/ATM Card indicated above for my listing. Please make all checks payable to PWAOR.

Signature _____

PHOTOS?

E-mail photo(s) to photos@pwaor.com. Please be sure to type in the subject line the listing address or the listing number if you have it.

Transfer Photos from my Social MLS Listing. The Listing number is _____

Photos are attached to this form by Disk, Print or Photo Prints.

***Preferred Fax Number:** _____ **

Please provide a fax number in case we have questions or your listing is incomplete, thank you!

*****Contact Phone Number:** _____

Please provide a phone number in case we have questions or your listing is incomplete, thank you!

Please fax this form along with the reciprocal input listing form to **(714) 245-5599** Attn. MLS Department and if you have any questions about this form please contact us at (714)245-5500.

Thank you!