

Realtors® Association of St. Lucie County, Inc

CREDIT CARD AUTHORIZATION (Circle One)



Card# _____

Amount \$ _____ **Expiration Date (month/year):** _____

RASL Use: Approval Code: _____

Name (as it appears on card) _____

Signature: _____

Phone # _____

Fax to 772-464-5774 or mail to: RASL, 6666 South US Hwy 1, Suite 1, Port St. Lucie, FL 34952