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## **Credit Card Authorization**

Please fill in this form completely. Any blanks left unfilled will result in the inability to process your credit card transaction. You can fax this form back to 713-583-9669 or email to lidieth@areatexas.com. Thank you.

PERSONAL INFORMATI	ON	
Name as it appears on o	card	
Billing Address		City
State	Zip Code	
Card Number		
Security Code	Expiration Date	
<b>Fotal Amount Charged t</b> authorize AREA Texas R added to my total to cov	Realty to process this credit card transa	ction. I am aware of a 3% fee that will be
Signature Required		