

Credit Card Payment Form

Type of Card: VISA MASTERCARD AMEX
Expiration Date: _____
Card Number: _____
Security Code: _____
Cardholder: _____
Billing Address: _____
City / St. / Zip: _____
Phone: _____

Amount to Charge: _____

Occurance: One Time Monthly

For Item/Service: _____

Notes: _____

I authorize New Listings Network* to process the above credit card payment(s).

DATE

SIGNATURE

*New Listings Network is a division of New Listings Incorporated

SPECIAL INSTRUCTIONS

You can use this as your cover page:

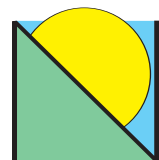
Date: _____ Pages: _____

From: _____

www.NewListingsNetwork.com

Fax form to:
(714) 968-3454

Phone:
(714) 968-6865



New
Listings
Network

3400 Irvine Avenue, Suite 116 - Newport Beach, CA 92660