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DEBIT & CREDIT CARD AUTHORIZATION FORM

Please fill up this form if you intend to use your credit or debit card to pay for your transactions with NYBR. Fax form to (800)711-0790.
For multiple cards, you must fill up another authorization form.

INVOICE
NUMBER:

Print full name as it appears on your credit card

Billing Address: Street Name and Number _____ *Apt / Suite* _____

City _____ *State* _____ *Zip* _____

Home Telephone # _____ *Work Telephone #* _____

Cell phone # _____ *Email Address* _____

Date of Birth (MM/DD/YYYY) _____

VISA MASTERCARD DISCOVER

Card # _____

Security Code ___ EXP. DATE: __/__/__

I authorize NYBR to charge my credit / debit card for the following amount:

AMOUNT SENT: \$ _____

SERVICE FEE: \$ _____

TOTAL CHARGES: \$ _____

Credit card holder's signature

Date Today

REQUIREMENTS: Please send by fax a clear copy of the following:

1. The front and back of the credit card(s). The credit card numbers & signature must be very clear.
2. Copy of valid government-issued photo ID.

IMPORTANT NOTE: Transactions will not be processed if documents are not submitted and if agent waiver is not signed.

Agent Waiver:

Please sign below if you are submitting Credit or Debit Card information collected without the presence of the cardholder, or without the copy of the credit / debit card and cardholders' ID.

I, _____, will be responsible for payment to NYBR, in case of disputes or
Cashier's Name and Signature

charge-back of this transaction.

_____ _____
Agent Code *Agent Name*