

## Use this form to make a one-time payment using a credit card.

This is NOT an authorization for automatic payment. This form is to be used to pay ONE-TIME CHARGES ONLY. If you have any questions about this form, please contact the MLS PIN accounting department at (800) 695-3000, option 4.

Office Name:

Please list each Subscriber for whom you would like to pay in full:

Subscriber's Name		Sub	scriber's MLS Agent ID	Amount
				\$
				•
				\$
		<u></u>		\$
				•
				•
				•
				\$
Credit Card Information	1:			
Please Select One:	□ MasterCard	🗆 Visa	□ American Express	Discover
Cardholder's Name:				
Card Number:		Expiration Date:		
Total Amount to be P	aid = \$			
SIGNATURE:			Date:	

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