



Credit Card Authorization Form

We accept Discover , MasterCard, Visa and American Express

If you would like to pay by credit card, please complete the following with the account information as shown on your credit card and credit card bill.

Use this credit card for:

One time only. Enter Invoice # you are paying: _____

Recurring Basis: Check which charges you would like to pay using this card

Website / E-Mail Hosting Fees for Domain Name: _____

Association MLS Fees for Office Number(s): _____

Company Name: _____

Cardholder's Name: _____

Card No: _____ - _____ - _____ - _____ Expires: _____ / _____

CID: _____ (either a 3 or 4 digit number found on the back of your card at the end of your card number, or for American Express, it's found above the last digits of your card number on the front of the card)

Billing Address: _____

City, State ZIP: _____, _____ - _____

NOTE: For one time use, a 3% (\$3 minimum) fee will be added to your invoice total.

Signature: _____

Title: _____ Date: _____

After completing this form, please fax it or mail it back to:

Johnson Services.com, Inc.
548 Dolphin Ave SE
Saint Petersburg FL 33705-4142

Fax: (727) 561-9337