

PAYMENT AUTHORIZATION FORM

NOTE: All credit card information must be completed to reserve your mediation date.

I hereby agree that any and all charges incurred or guaranteed for the mediation conducted through the Real Estate Mediation Center will be charged as specified below. (All items marked below will apply.)

Credit Card Type: Visa M/C Discover AmEx

Credit Card #: _____ Exp. Date: _____

Name as it Appears on Card (please print): _____

Billing Address of Cardholder: _____

All items marded below will apply:

Enclosed is my check in the amount of: \$ _____

OR

Charge my card for the filing fee (immediately). Amount to be charged: \$ _____

Please note: Credit card information is required to guarantee your mediation date. Any hourly fees accumulated on the day of mediation must be paid upon its conclusion by either check or credit card. Any fees not paid within 24 hours of the conclusion will be charged to the above card.

*****All charges will have receipts and supporting documentation and will be mailed to the address provided on your Request/Response.*****

Signature of Cardholder

Date

PRINT COMPLETED FORM and send to Real Estate Mediation Center:

E-mail: info@realestatemediationcenter.com **Fax:** (858) 715-8095 **Mail:** REMC, 4849 Ronson Court #211, San Diego, CA 92111

FOR OFFICE USE ONLY

Case Number: _____ Mediation Date: _____ Total Amount Charged: \$ _____