

Corporate Office
13284 Pond Springs Road, Suite 101
Austin, TX 78729
512-459-8300 (Austin)
800-580-8300
Fax: 512-483-6969

REAL-COMP
dba of Realty Computer Solutions, Inc.

Production Office
110 West 4th Street
Justin, TX 76247
940-648-2103 (Metro)
800-664-5336
Fax: 800-664-5657

CREDIT CARD OR BANK DEBIT (ACH) AUTHORIZATION

CHARGE MY ACCOUNT **ONE TIME ONLY** \$ _____

(This payment is authorized for one invoice or statement only)

CHARGE MY ACCOUNT **MONTHLY** \$ _____

Beginning: FIRST MONTH/YEAR: _____ / _____

(This charge will be applied monthly, until this authorization is canceled in writing, via Mail, Email or Fax)

Note: **REAL-COMP** sends monthly statements to all customers, including those who pay via Credit Card or ACH

Keep On File: I authorize **REAL-COMP** to retain in a secure file my Account information specified below, for future use **when authorized by me**, including monthly payments as authorized above. This authorization will be cancelled and my Account information removed from **REAL-COMP** files, with email notification to me, immediately after receipt by **REAL-COMP** of my written and signed letter, email or fax notice of cancellation of this Authorization.

CUSTOMER INFORMATION:

REAL-COMP Account Number: _____

INDIVIDUAL or COMPANY NAME: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

REQUIRED INFORMATION

CREDIT CARD

BANK DEBIT (ACH)

Card # _____

Expiration Date ____/____ Security Code * _____

* Visa-MC-Disc, 3-digit code on back of card

Amex, 4-digit code on front of card

Routing Number

9 digit # on check
(bottom left)

Account Number

10-15 digit # on check
(bottom center)

NAME: (As it appears on Credit Card or Bank Statement) _____

CUSTOMER BILLING ADDRESS: (Address to which the Bank or Credit Card Company sends the monthly statement)

P.O. Box, Street, Apt., Suite, Etc

City, State, Zip

By my signature below, I authorize **REAL-COMP** to charge my Credit Card or my Bank Account (as specified above) for either or both of the amounts listed above. If any authorized amount is not paid (NSF or Credit Card declined), I agree to pay all collection (including attorney) fees incurred by **REAL-COMP** in collecting the amount due.

DATE of SIGNATURE

SIGNATURE of CARDHOLDER