

I, \_\_\_\_\_ authorize **NM MLS** to charge my credit card for:

- |  |          |
|--|----------|
| <input type="checkbox"/> <b>NM MLS Dues for July 1 - June 30</b><br>\$39/month x # _____ months + Tax (prorated)   | \$ _____ |
| <input type="checkbox"/> <b>IDX RETS Fees for July 1 – June 30</b><br>\$15/month x # _____ months + Tax (prorated) | \$ _____ |
| <input type="checkbox"/> <b>IDX API Fees for July 1 – June 30</b><br>\$75/month x # _____ months + Tax (prorated)  | \$ _____ |
| <input type="checkbox"/> <b>AVM RETS Fees for July 1 – June 30</b><br>\$50/month x # _____ months + Tax (prorated) | \$ _____ |
| <input type="checkbox"/> <b>AVM API Fees for July 1 – June 30</b><br>\$75/month x # _____ months + Tax (prorated)  | \$ _____ |
| <input type="checkbox"/> <b>Continuing Education Class (\$35+Tax)</b>  | \$ _____ |
| <input type="checkbox"/> <b>Reinstatement Fee (\$150 +Tax)</b>   | \$ _____ |
| <input type="checkbox"/> <b>New Member Fee (\$100+Tax)</b>   | \$ _____ |
| <input type="checkbox"/> <b>New Secretary Fee (\$250+Tax)</b>  | \$ _____ |
| <input type="checkbox"/> <b>New Team Fee (\$200+Tax)</b>   | \$ _____ |
| <input type="checkbox"/> <b>New Office Fee (\$300+tax)</b>   | \$ _____ |
| <input type="checkbox"/> <b>Member Transfer Fee (\$100+Tax)</b>  | \$ _____ |
| <input type="checkbox"/> <b>MLS Violations / Fines (\$200+tax)</b>   | \$ _____ |
| <input type="checkbox"/> <b>One Time Listing Fee (\$199+Tax)</b>   | \$ _____ |
| <input type="checkbox"/> <b>One Time Listing Fee/ Extension (\$99+Tax)</b>   | \$ _____ |
| <input type="checkbox"/> <b>Email Address List (\$100+tax)</b>   | \$ _____ |
| <input type="checkbox"/> <b>Other</b>  | \$ _____ |

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address where the Credit Card Statement is received (please include City, State and Zip)

Phone: (\_\_\_\_) \_\_\_\_\_ (Best number for contact, if needed)

**MUST BE FILLED OUT! (please print)**

Amount to be charged: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Card Type: ☐ Visa ☐ MasterCard ☐ Discover Card ☐ American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 or 4 Digit # \_\_\_\_\_

\_\_\_\_\_  
Signature of Cardholder Date: \_\_\_\_\_

Please return to:	7 Caliente Road, Suite A11/PO 1001, Santa Fe, NM 87508
Please EMAIL to:	admin@nmmls.net
Questions? Call:	505-231-0224

**PLEASE NOTE: CREDIT CARD NUMBERS WILL NO LONGER  
BE KEPT ON FILE DUE TO PCI COMPLIANCE STANDARDS  
CREDIT CARD TRANSACTIONS WILL HAVE A 3% CONVENIENCE FEE +TAX ADDED**