



## Credit Card Authorization

Amount: \_\_\_\_\_

Paid on behalf of: \_\_\_\_\_  
Company Name

e-mail the receipt to: \_\_\_\_\_  
e-mail address

Method:

AMEX     MC     VISA     DISCOVER

Card Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Card Validation Code \_\_\_\_\_

Cardholders Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Signature \_\_\_\_\_

Please complete and return this form to:

MCA Dallas  
13810 Champion Forest Dr, Suite 140 Houston, Texas 77069

email to: [collin@rexassociationmanagement.com](mailto:collin@rexassociationmanagement.com)

For information or questions call: 281-440-4380