

Maintenance Fee

Credit Card Authorization		
	Account(s) #	
Please choose one of the authorization options for:		
☐ QUARTERLY Maintenance Fee Payments☐ ONE Maintenance Fee Payment	s (See statement for the dates you will be charged)	
Authorization Agreement for credit card payment		
I (we) hereby authorize	credit card account named below for the purpose of	
AGREEMENT BETWEEN CARD	HOLDER AND THE COMPANY	
Name – (Please print as appears on credit card)	Credit Card Type □Visa □MasterCard □ American Express □ Discover	
Billing Address	Credit Card Number	
City, State/Providence, Zip/Postal Code	Exp. Date:	
Country	Payment Amount:	
Once you have completed the top portion of this form, via fax, (619) 209-5911 or return it to the address provid payments can also be completed at https://member.reso	led below. Automatic Payment subscription and	
Cardholder/Member Signature		
Print Name		
Date	Return: ResortCom International LLC Attn. Credit Card Dept P.O Box 96058 Las Vegas, NV 89193	

INPUT CONTROL USE ONLY

Date Entered	/ / Entered By: