REALTOR® Fax Order Form
Fax 831-393-8669

Quantity	Product Name

Office Name: _____

Authorized Office Manager: _____ **Phone:** _____

Address: _____

Payment: ☐ Visa ☐ Master Card

❑ 1. Please Charge my order to the Office Account **(*For Brokers & Office Managers Only*)**

❑ 2. I authorize the Monterey County Association of REALTORS® to charge my order to my credit card.

Account #:_____**Exp:**_____

Signature:_____**Date:**_____

Credit Card Billing Zip Code: _____ *(Zip Code needed to process your charge.)*

Please allow 48 hours for processing on each order.
For questions regarding your order, please contact Rozina Horta.
Salinas orders will be sent directly to individual offices.
Carmel orders will be sent to Old Republic Title in Carmel for pick-up.

Monterey County Association of REALTORS®
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