

Please type or print; complete all fields.

Date: ____/____/____ Amount: \$_____

Charge Description (*Dues, Education, Event Tickets, REALTOR® Store Purchase, etc.*):

Card Type: VISA MC DISC AMEX

CC#: _____ Exp: ____/____ CSV: _____

Name on card: _____

Firm name: _____

Billing address for card: _____

City: _____ State: _____ Zip: _____

I hereby authorize payment via my card for the above referenced amount to the Southside Virginia Association of REALTORS®.

Signature of Cardholder: _____

For Internal Use

Date Received by SVAR: ____/____/____ Processed by: _____

Authorization Code: _____