



CREDIT CARD PAYMENT AUTHORIZATION

DATE _____ AMOUNT \$ _____

CHARGE DESCRIPTION (i.e., Dues, Education, Event Tickets, REALTOR® Store Purchase, etc.)

CREDIT CARD TYPE (CIRCLE ONE) MC VISA DISCOVER AMEX

CREDIT CARD NUMBER _____ EXPIRATION _____

NAME ON CARD _____ VCode (3 Digits) _____

FIRM _____

BILLING ADDRESS FOR CARD _____

CITY _____ STATE _____ ZIP _____

I 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 _____