



**I want to pay my bill by credit card:**

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Credit Card Type: VISA    MasterCard    We do not accept AMEX

Credit Card Number: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I am paying for:    Dues     Education     Invoice     Event   

I authorize the TSBOR and/or the TSMLS to charge the amount below to my  
credit card: \$\_\_\_\_\_

Signature: \_\_\_\_\_

Please send a receipt to the address listed above.

**FAX TO 530-583-1015**

**\*Please note, all credit card information will be destroyed after processing**