TAHOE SIERRA
BOARD OF REALTORS®

I want to pay 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 to charge the amount below to my credit card:

$_____

I authorize the TSMLS to charge the amount below to my credit card:

$_____

Signature: _____

☐ Please send a receipt to the address listed above.

E-mail kelly@tsbor.com

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