

Request For Visa/MasterCard Payment

Name _____
(Cardholder's Name - PLEASE PRINT)

Firm _____
(PLEASE PRINT)

Credit Card Type: VISA or MASTERCARD

Credit Card Number: _____

Expiry Date: _____

Amount to be charged to the above named account: \$ _____

I hereby authorize the Muskoka & Haliburton Association of REALTORS® to charge my credit card the amount as stipulated above. I do not authorize any other charges unless further authorized in writing by myself. I understand that all information will be kept confidential and will not be used for any other purpose except as directed in this form.

Authorized Signature

Date

Please return this form to the
34 Cairns Cres., Huntsville Ontario, P1H 1Y3
Fax: 705-788-2040 or 1- 888-212-4579*
Phone: 705-788-1504 X25 or 1-888-965-RAOL (7265)* X25

*Toll free w/ '705' calling area.