



SOUTHLAND REGIONAL ASSOCIATION OF REALTORS®

## CREDIT CARD FAX TRANSMITTAL

NAME (Please Print) \_\_\_\_\_

PHONE NUMBER: BUS: (\_\_\_\_) \_\_\_\_-\_\_\_\_ HOME: (\_\_\_\_) \_\_\_\_-\_\_\_\_

COMPLETE MEMBER NUMBER \_\_\_\_\_

**PLEASE NOTE: REFUND POLICY**

**YOU MUST GIVE US 24 HOURS CANCELLATION NOTICE PRIOR TO CLASS DATE**

No refunds honored on or after class date!

SRAR reserves the right to cancel/ reschedule any class.

If a SRAR cancellation or reschedule occurs, a full refund will be given.

NAME OF CLASS	DATE	TIME	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE CALL US TO CONFIRM WE HAVE RECEIVED YOUR FAX!**

**818 947-2268**

### **CREDIT CARD INFORMATION**

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

CIRCLE ONE: MC, VISA, DISCOVER, or AMERICAN EXPRESS

EXPIRATION DATE: \_\_\_\_/\_\_\_\_  
MO. YR.

AUTHORIZED SIGNATURE \_\_\_\_\_

**FAX TO (818) 786-4541**

**EDUCATION DEPT.**