



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.

FAX to 530-583-1015 or e-mail roxanne@tsbor.com

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