



West Volusia Association of Realtors®
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CREDIT CARD PURCHASE

Quantity	Description	Unit Price	Total
		Subtotal	
		Tax	
		Total	

CHARGE AUTHORIZATION

PRINT NAME: _____

CONTACT PHONE: _____

BILLING ADDRESS: _____

VISA MASTERCARD DEBIT

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____ TODAY'S DATE: _____