



Niagara Association of REALTORS®

116 Niagara Street,
St. Catharines, Ontario L2R 4L4
Tel: 905-684-9459 Fax: 905-684-4778
www.NiagaraREALTOR.ca
accounting@NiagaraREALTOR.ca

CREDIT CARD PAYMENT FORM

Name: (please print)	Phone#:
Cardholder's Name: (if different from above)	
Salesperson Number:	Non-Member <input type="checkbox"/>
Invoice # (if applicable):	
Description: (eg. Dues, seminar, supplies)	
I authorize that the following amount be debited to my credit card: \$	

Check appropriate box: Mastercard Visa

Card # _____ Expiry _____

Authorized Signature: _____

Date: _____