



Credit / Debit Card Sales

Date: _____

Payment for: _____

Account Number: _____

Expiration Date: _____

Visa MasterCard Discover

V-Code (*located on back of card*) _____

Total \$ _____

Numerical Part of Billing Address: _____ Zip Code _____

I agree to pay the above amount according to card issuer agreement. Merchant agreement if credit voucher.

Name (Print) _____

Signature _____

Fax 615-893-2250

Phone 615-893-2242

Middle Tennessee Association of REALTORS®