



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.