

**MEDIATION
CREDIT CARD FAX TRANSMITTAL**

DATE: _____

NAME (PLEASE PRINT): _____

ADDRESS: _____

CASE NUMBER : _____

DESCRIPTION:

CREDIT CARD INFORMATION

CREDIT CARD # _____
(MASTER CARD OR VISA ONLY)

EXPIRATION DATE: _____

AUTHORIZED AMOUNT \$ _____

AUTHORIZED SIGNATURE: _____

**PLEASE MAKE CHECKS PAYABLE TO:
SOUTHLAND REGIONAL ASSOCIATION OF REALTORS® (SRAR)**

FAX TO (818) 786-4541

ATTN: PROFESSIONAL STANDARDS DEPT.