

Charges and Payment Information



Credit Card Authorization

Member Name	(please print)
Member Number	
Name on Credit Card	(please print)
Amount	\$ _____
TREB Use:	Authorization Number: _____

► **Signature Authorization:**

I authorize TREB to process this credit card payment:

Card Holder's Signature: _____ Date: _____

IMPORTANT CARD HOLDER	Please provide a contact number where you can be directly reached	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

Credit Card Information will be destroyed and not stored at TREB offices

Card Type	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Amex																					
Card Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
Expiry Date	Month _____ Year _____																					

FAX: 416-446-6414 or 416-443-8830 Membership Phone #: 416-443-8148