



REALTOR® Association of Prince William
9720 Capital Court
Manassas, VA 20110
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I authorize PWAR to charge to my credit card the following amount of \$ _____
for _____
(We accept VISA, MasterCard, Discover and American Express.)

Credit Card
Number

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Card Expiration Date ____/____ Security Code

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Cardholder Name (Print) _____

Cardholder Address _____

Cardholder's Signature

Contact Phone Number