

**Telluride Mountain Village
Owners Association**

AUTOMATIC CREDIT CARD BILLING REQUEST

Select One:

Quarterly Charge

Annual Charge
w/ 10% discount

I (we) _____ hereby authorize Telluride Mountain Village Owners Association (TMVOA) to initiate a charge to my (our) credit card account. This authority will remain in effect until notified by me (us) in writing to cancel.

CREDIT CARD No, EXPIRATION DATE, CIV No., (LAST 3 DIGITS ON BACK OF CARD FOR V/MC OR 4 DIGITS ON FRONT OF AMEX.)

CUSTOMER SIGNATURE AND DATE

NAME (PLEASE PRINT) – AS IT APPEARS ON CREDIT CARD

OWNER BILLING ADDRESS – AS THE CREDIT CARD COMPANY HAS ON FILE

TELEPHONE # (INCLUDING AREA CODE)

TMVOA Account Name (LLC, Trust, if applicable)

Please fill out form completely and FAX or EMAIL to:

TMVOA Email: Accounting@tmvoa.org

TMVOA FAX: 970-369-7656

If you have any further questions or are in need of assistance, please contact

Accounting Department via Email: Accounting@tmvoa.org or Phone: 970-728-1904 x 5