

**Telluride Mountain Village  
Owners Association**

**AUTOMATIC CREDIT CARD BILLING REQUEST**

**Select One:                      Quarterly Charge                      Annual Charge**

*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.*

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

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CUSTOMER SIGNATURE AND DATE

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

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

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TELEPHONE # (INCLUDING AREA CODE)

*Please fill out form completely and FAX to:*

**TMVOA  
FAX: 970-369-7656**

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

**Louise LaBranche via Email: [louise@tmvoa.org](mailto:louise@tmvoa.org) or Phone: 970-728-1904 x 5**