



Total Amount to be Charged: \$

Description: _____

Name: _____

Member #: _____

Office: _____

Office #: _____

Please charge to the following credit card:

___American Express ___MasterCard ___Visa Expiration Date:_____

Credit Card #: _____

Print Cardholder's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____

Signature: _____ Date: _____

FAX TO: 914-681-6044 or 845-294-3414
OR EMAIL MLSaccounting@HGAR.com

<p>Hudson Gateway Association of REALTORS® Hudson Gateway Multiple Listing Service, Inc.</p> <p>HGAR.com</p>	<p>One Maple Avenue White Plains, NY 10605 914.681.0833 Telephone</p> <p>914.681.6044 Fax</p>	<p>9 Coates Drive, Suite 1 Goshen, NY 10924 845.294.7905 Telephone</p>	<p>2 Medical Park Drive, Suite 17A West Nyack, NY 10994 845.735.0075 Telephone</p>
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