

BOARD OF REALTY REGULATION
P O Box 200513
Helena, MT 59620-0513
Phone: 406-841-2202 Fax: 406-841-2323
Email: DLIBSDLicensingUnitB@mt.gov Website: www.realestate.mt.gov

Timeshare Offering Application for Timeshare Amendment

Please type or print clearly.

FEES: \$200 AMENDMENT FOR ADDITIONAL INTERVALS

Development Name _____

Name of Contact _____

Street Address _____
(CITY, STATE, ZIP CODE)

Mailing Address _____
(CITY, STATE, ZIP CODE)

Phone Number _____ Fax Number _____

Registration Amendment

Interval Amendment: (if applicable)

Number Currently Registered _____

Amendment Number _____

Material Change:

Attach a narrative explanation and any amendment to the documents files.

I certify that this application and the required supplemental documents are true and complete to the best of my knowledge.

AUTHORIZED SIGNATURE

DATE

For this service the Business Standards Division now accepts credit card payments using either MasterCard or Visa or an electronic check (**please do not send cash**).

You may fill in the appropriate form below to submit payments. ***This document will be destroyed after the payment is processed.*** For a complete list of services for which the division accepts credit card payments or e-checks, please see: <http://www.realestate.mt.gov>.

Visa

MasterCard

Amount to be billed:

						.		
--	--	--	--	--	--	---	--	--

Credit Card #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date:

		/		
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Name on the Card: _____

3-Digit
Verification
Code:

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Important: This transaction will appear on your credit card statement as: **Discoveringmontana-SC.**

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

E-Check Information

Name (First, Last): _____

Account Type: Checking Savings

Routing Number: _____

Account Number: _____

Amount to be billed:

						.		
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Important: This transaction will appear on your bank statement as an electronic transaction with the words: **Montana Interact BSD-VT.**

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Sample U.S. Check

MEMO

⑆251101001⑆ 27337026451⑆ 2121

Routing Number

Account Number

Check #

⑆253301001⑆

27337026451⑆

2121

**** TO PREVENT YOUR CREDIT CARD FROM BEING CHARGED TWICE**
DO NOT BOTH FAX AND MAIL THIS INFORMATION**