



Credit Card Charge Authorization Form

Date: \_\_\_\_\_

Agent ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_\_

CID#: \_\_\_\_\_

Description \_\_\_\_\_ Amt to be charged: \$ \_\_\_\_\_ Initial \_\_\_\_\_

Description \_\_\_\_\_ Amt to be charged: \$ \_\_\_\_\_ Initial \_\_\_\_\_

Description \_\_\_\_\_ Amt to be charged: \$ \_\_\_\_\_ Initial \_\_\_\_\_

Description \_\_\_\_\_ Amt to be charged: \$ \_\_\_\_\_ Initial \_\_\_\_\_

Description \_\_\_\_\_ Amt to be charged: \$ \_\_\_\_\_ Initial \_\_\_\_\_

**TOTAL TO BE CHARGED \$ \_\_\_\_\_**

Authorized Signature: \_\_\_\_\_ NSDCAR Staff Initials \_\_\_\_\_

**Automatic Debit Authorization**

By signing here you authorize NSDCAR to keep your credit card number on account for automatic debit for Sandicor Quarterly Billing and monthly Association/Store Service billing. Debits for Sandicor Fees will occur in the months of February, May, August, and November consistent with the appropriate fees established by NSDCAR.

To discontinue this service, please notify NSDCAR in writing at least 30 days in advance of any of the above stated debit months. NOTE THAT FEES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.

Please indicate if authorizing NSDCAR Store/Service Billing and or Sandicor Quarterly Billing by checking the appropriate box. \* This authorization excludes the annual REALTOR® dues.

NSDCAR Store/Services\*

Sandicor Quarterly Billing

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date