



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 state debit months.

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.

PLEASE NOTE THAT FEES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.

NSDCAR Store/Services*

Sandicor Quarterly Billing

Authorized Signature

Date