

**Sussex County Association of REALTORS®  
1 Wilson Drive Suite 4 Sparta, NJ 07871  
PH: 973-383-3949 \* Fax: 973-383-0054**

**Credit Card Authorization**

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

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

Credit Card #: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_ Security Code or CVV \_\_\_\_\_

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

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

**Total Amount being charged \$ \_\_\_\_\_**

I acknowledge that I understand and authorize the above charges.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Fax completed form to 973-383-0054 or mail to SCAR, 1 Wilson Drive, Suite 4, Sparta, NJ 07871**