



# North Central Jersey Association of REALTORS®



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**PRINT NAME** \_\_\_\_\_

**NRDS I.D. #** \_\_\_\_\_

**OFFICE NAME/LOCATION** \_\_\_\_\_

**PHONE** \_\_\_\_\_

Visa  MC \_\_\_\_\_

EXP \_\_\_/\_\_\_ Billing Zip Code \_\_\_\_\_

**Purpose of Payment** \_\_\_\_\_

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

\_\_\_\_\_  
**Name (PRINT)**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

I acknowledge that I understand and authorize the above charges and that, once authorized, there will be no refunds or credits given.