



Passaic County Board of REALTORS®

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**CREDIT CARD AUTHORIZATION**

**Please Print Clearly**

Name	
Name of Company	
Name on Credit Card	
Visa / Master Card / American Express	
Credit Card Number	
Credit Card Expiration Date	
Credit Card Billing Street Address	
Credit Card Billing City and Zip Code	
Total Amount Being Charged	\$
Phone Number where you can be reached if there is a problem.	

I acknowledge that I understand and authorize the above charges.

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

Signature: \_\_\_\_\_

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

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