

Northstar Bus Company
1845 Smith Street Unit 6
North Providence, RI 02911
401-232-0090
Kristen. Northstar@aol.com

Credit Card Payment Authorization Form

Sign and complete this form to authorize **Northstar Bus Company** to make monthly debits to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. A charge will be issued to any transactions that are declined.

Please complete the information below:

I _____ authorize **NorthStar Bus Company** to charge my credit card
(full name)

account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name

Account Number

Expiration Date _____ **CVV** _____

\$1,800 for the whole year (includes round trip and one way) or \$200 a month for 9 months

NO MORE PAY AS YOU GO

SIGNATURE DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined

THERE WILL BE NO REFUNDS ISSUED FOR ANY REASON ALSO THERE IS NO PAYING FOR A COUPLE OF MONTHS. IF YOUR CARD IS DECLINED FOR ANY REASON YOU WILL ALSO BE CHARGED A 15% FEE OF THE MONTHLY PAYMENT.