

Northstar Bus Company  
1845 Smith Street Unit 6  
North Providence, RI 02911  
401-232-0090

Northstar.Lasalle@gmail.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 \_\_\_\_\_

**\$2,000 for the whole year (includes roundtrip, one way and 5:30pm bus) or \$222.22 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 above.

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