

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 _____

Round Trip \$225.00 month \$1800 for the year

One Way \$175.00 a month \$1400 for the year

SIGNATURE DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.