



NEW JERSEY SCHOOL BUS CONTRACTORS ASSOCIATION

Credit Card Payment Authorization Form

Please complete the information below and email this form to Amy Raphael at araphael@raphaelbus.com

I, [enter full name], authorize the New Jersey School Bus Contractors Association to charge my credit card indicated below on [enter date] for payment of my [insert type of bill].

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard Amex Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV (3-digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

New Jersey School Bus Contractors Association
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