

## North Dakota Study Group Credit Card Payment Authorization

**Date:**

**Name:**

**Street:**

**City:**

**State:**

**Zip Code:**

**Telephone #:**

**Credit Card #:**

**Expiration Date:**

**Enrollment:** \$450.00 per person, double - if paid by Dec. 15, 2007 or  
\$550.00 per person, single - if paid by Dec. 15, 2007

\_\_\_\_\_

**Late fee:** Please add \$25.00 increase if paid after Dec. 15, 2007

\_\_\_\_\_

**Financial Aid Donation:**

\_\_\_\_\_

**Bus on Thursday Night:** (\$30.00)

\_\_\_\_\_

**Bus on Sunday:** (\$30.00)

\_\_\_\_\_

**Thursday night supper:** (\$10.00)

\_\_\_\_\_

(Please do not choose this option if you are riding the bus Thursday night).

Sub-Total

\_\_\_\_\_

3.7% processing surcharge: (sub-total x 0.037)

\_\_\_\_\_

Total

\_\_\_\_\_

By fixing my signature below, I hereby authorize Buxton School to charge my credit card

\$\_\_\_\_\_ (Totaled amount from above.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fax this form to Judy Lescarbeau at 413-458-9428 or mail to: Buxton School,  
291 South Street, Williamstown, MA 01267.