

North Dakota Study Group Credit Card Payment Authorization

Date:

Name:

Street:

City:

State:

Zip Code:

Telephone #:

Credit Card Type: _____ **Credit Card #:** _____

Expiration Date: _____

Enrollment: \$425.00 per person, double - if paid by Dec. 1, 2008 or
\$525.00 per person, single - if paid by Dec. 1, 2008 _____

Late fee: Please add \$25.00 increase if paid after Dec. 1, 2008 _____

Financial Aid Donation: _____

Bus on Thursday Night: (\$25.00) _____

Bus on Sunday: (\$25.00) _____

Thursday night supper: (\$10.00) _____

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.