

# *S&S Coach Co.*

800-544-5714

PO Box 3071, 54 East Main St.

Lexington, Ohio 44904-3071

Phone: 419-884-1011



## **Third Party Credit Card Authorization Form**

All information requested is required or we can not process order.

Card Holders Name: (Please Print) \_\_\_\_\_

Cardholders Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder's Day Time Phone Number: \_\_\_\_\_

Charter Order Number: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Total amount of purchase to be charged to credit card: \$ \_\_\_\_\_ USD

Type of Card (Circle One) Visa    MasterCard    Discover

Card Number: \_\_\_\_\_ EXP Date: \_\_\_\_\_

Card Security Code (CSC) \_\_\_\_\_ CSC is the 3-digit number that displays on the back of the card.

I, the undersigned, agree, understand and authorize the amount shown above to be charged to my credit card for the charter bus trip shown on the above referenced Charter Order.

The above trip is being paid by me for:

\_\_\_\_\_

(Print Name of person or organization)

I understand these charges will appear on my credit card statement under the name S&S Coach Company, Inc. or S&S Coach and I accept full financial responsibility for payment of the order above.

Signature of Cardholder: \_\_\_\_\_ Date signed: \_\_\_\_\_