

CREDIT CARD AUTHORIZATION FORM

By your signature below, you authorize BGA School Buses Inc to charge the following credit card for a one time charge for stock number: _____

ALL DEPOSITS ARE NON-REFUNDABLE

For transactions where the credit card can not be swiped electronically, please attach a clear copy of the credit card (front and back) being used and a clear copy of your license (person listed on credit card). Without a clear copy of your license, and a clear copy front and back of your credit card, BGA School Buses Inc WILL NOT process payment. This is mandatory and there will be no exceptions. We value our customer's private information according to the RED FLAG ruling regarding fraud.

Total Amount: \$ _____

Name as it appears on the credit card: _____

Credit Card Number: _____

Expiration Date: _____ # Digit Security Code: _____

Billing Address: _____

Billing City: _____ Billing State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email: _____

Customer Signature: _____

Please fax back to: 727-245-8915

OR

Email: Payments@BGASales.net