

eCHARTER BUS

3000 Scott Blvd. STE 111
Santa Clara, CA 95054
Cell : (415) 726-9118
Fax : (866) 486-4428

Credit Card Authorization

I, ROBERT SHANNON (Print name), authorize eCHARTER BUS to charge the full amount to the following credit card for the payment.

Group Name : NBER

Invoice # : 7792

Trip Date : JAN. 7 + 8, 2020

3782 628678 84033
Credit Card # Expiration Date

1050 MASS AVE. CAMBRIDGE, MA
Bill address (#, St., City, State)

02138
Billing Zip Code Amount to charge

Last 3 Digit of Security Code at the back of the card : 9625

Name on the Card : ROBERT SHANNON

Please Circle for the following choices : VISA or MASTER or AMEX

[Signature] 12.30.19
Authorization Signature Date

Please Fax it back to (866) 486-4428