



UNIVERSITY OF SASKATCHEWAN

Bookstore

Student Purchase Third Party Credit Card Authorization Form

Date: _____

(This authorization form is valid for purchase of items within one month of the date above)

Card Holders Signature: _____

By completing this form I am granting permission for my dependent to use my credit card for purchases at the University of Saskatchewan Bookstore.

| Student Information | |
|------------------------------|--|
| Name | |
| Phone Number | |
| Student ID # | |
| Signature | |
| Card Holder Information | |
| Name | |
| Primary Phone Number | |
| Secondary Phone Number | |
| Type of Card (Please Circle) | Visa MasterCard American Express |
| Credit Card Number | |
| Expiry Date | |