



UNIVERSITY OF SASKATCHEWAN

Bookstore

Date: _____

(This form is valid for one month from the above date)

I grant permission to my son/daughter to use my credit card for purchases at the University of Saskatchewan Bookstore.

Student's Information*	
Name:	
Phone Number:	
Student ID #:	
Signature:	
Cardholder's Information	
Name:	
Daytime Phone Number:	
Evening Phone Number:	
Type of Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <i>*Please note that these are the only cards accepted at this time.</i>
Card Number:	
Expiry Date:	
Signature:	

* Students must also present photo ID to Bookstore cashiers.