

Credit Manager
Sherwood Co-operative Association Limited
Box 5044
Regina, SK S4P 3X5
Tel: (306) 791-9312
Fax: (306) 791-0060
Email: credit @sherwoodco-op.com

The undersigned hereby authorizes Sherwood Co-operative Association Limited to charge the value of purchase transactions to the following credit card account:

Co-op Number: _____
Phone Number: _____
Email address: _____
Credit Card #: _____
Expiry Date: _____
CVC #: _____
Member Address _____
Postal Code: _____

It is acknowledged that:

- The charges to the credit card account will be made without cardholder signature
- The cardholder is responsible to pay for all charges to the credit card account until **written notice** of cancellation is received by Sherwood Co-operative Association Limited at the address noted above.
- The cardholder is responsible to pay Sherwood Co-operative Association Limited for any charges which are not accepted by the credit card issuer.
- The cardholder consents to the exchange of credit information with any credit grantor, credit bureau or reporting agency.
- The cardholder consents to receiving communications (ie. Invoices, receipts) via email

Date: _____

Cardholder's Signature

Print Cardholder/Member Name