



SHERWOOD CO-OPERATIVE ASSOCIATION LIMITED

Head Office:
2935 Quance St E.
P.O Box 5044
Regina, SK.
S4P 3X5

Phone: (306) 791-9312
Fax: (306) 791-0060
credit@sherwood.crs
www.sherwoodco-op.com

CREDIT CARD AUTHORIZATION FORM

It is acknowledged that:

- The charges to the credit card account will be made without the cardholders signature
- The cardholder is responsible for paying 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 for paying Sherwood Co-operative Association Limited for any charges which are not accepted by the credit card issuer.
- The cardholder agrees to pay interest to the Co-op on all past due amounts at the annual rate of 26.82% (monthly compounding)
- The cardholder agrees to storing only the necessary information and securing it to prevent unauthorized access to facilitate recurring payments.
- 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

The undersigned hereby authorizes Sherwood Co-operative Association Limited to charge the value of purchase transactions to the credit card provided.

Co-op Number: _____

Phone Number: _____

Email Address: _____

Member Address: _____

Postal Code: _____

Date: _____

Print Cardholder/Members Name

Cardholder's Signature

Credit Card Number: _____

Expiry Date: _____