

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