



Authorization to Invoice Bookstore Charges Only PLEASE PRINT LEGIBLY

Student Name:			· · · · · · · · · · · · · · · · · · ·		
Date of Birth:					
Student Number:					
Please check appropriate box that applies:					
Term One (Sept-Dec) Terr	n Two (Jan-Apr)	Sp	oring/Summe	er	
NOTE: Start dates for spending will begin before t	he term start to allow studer	nts to purcha	se as booklis	sts become avai	lable.
Sponsorship Organization:					
Billing Contact & Title:					·····
Billing Address:					
Email Address:					
Telephone Number:	Will Control of the C		· · · · · · · · · · · · · · · · · · ·		
Fax Number:					······································
Authorized Signature:					
Bookstore Credit Request: Please select applicable opti limit please write "as required" on the appropriate line b				lemic Year. If ther	e is NO
Textbooks & Supplies TOGETHER: \$					
Supplies ONLY: \$					
Special Allowance:\$			d: \$		
Ending Purchase Date for each session or for the					
		Month	Day	Year	
Send one completed form for each student to:	Campus Books Brandon University 270—18th Street, Brandon Phone: 204-727-9732 Fax: 204-726-8205 Email: 2956mgr@follett				