

**SIAST**SASKATCHEWAN INSTITUTE OF
APPLIED SCIENCE AND TECHNOLOGY**SIAST Bookstore Credit Card Authorization Form**

Date: _____

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

I grant permission for _____ to use my credit card for purchases at the SIAST 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
Last 4 digits of card:	
Signature:	

***Students must also present credit card being charged along with photo ID to Bookstore cashiers.**