Textbook Sponsorship Application

NAME: _____ / _____ **Student #: C** _____

(**Last Name**) (**First Name**) **(Must be provided)**

Fall (Sept – Dec) **$**_____

Winter (Jan – Mar) **$** _____

Spring (Apr – Jun) **$**_____

Summer (Jul-Aug) **$**_____

Or

Entire period of study

Starting on_____

Ending date_____

$_____

This sponsorship is authorized by:

_____ /_____

Signature Date

_____ / _____ /_____

Print Name Title Agency Phone

_____

Print Email Address

_____ /_____

Agency Name Agency Fax

_____ / _____ / _____ /_____

Agency Billing Address City Province Postal Code

Purchase order or claim # if applicable _____

Credit Card # _____ Expiry _____/_____

Completion of the form does not indicate approval for Agency sponsorship with the Camosun College Bookstore.
Completion of this form acknowledges that the sponsoring Agency / Agent understands and accepts the terms of this application form.

The sponsoring Agency accepts the liability for purchases on behalf of the student named above. This liability is not contingent on student attendance or performance. Cancellation of a sponsorship must be made in writing. All purchases made prior to receipt of notice will be the financial obligation of the sponsoring Agent.

The Agency agrees to the payment term of **30 days** upon receipt of invoice. Failure to pay in a timely manner may result in your account being placed on hold, with sponsorship privileges being revoked. Please do not remit payment until invoice received.

Please note: It is the responsibility of the sponsoring Agent to inform the student of what is deemed to be an allowable purchase at the Bookstore based on the policies of the Agency. Items purchased that are considered to be contrary to Agency policy will remain the financial obligation of the Agency.

Please fax to: **Lansdowne Campus 250-370-3088** **Interurban Campus 250-370-4088**