



Camosun College Bookstore Sponsorship Application

Bookstore Use Only

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

The sponsoring Agency accepts the liability for purchases on behalf of the student named below. The Agency which accepts such liability will be billed for all items specified below. 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.

NAME: _____ / _____ Student #: C
(Last Name) (First Name) (Must be provided)

*For multiple student sponsorship please complete this form and the "Camosun College Bookstore Sponsorship Application - Group Listing" form.

- 1) The Bookstore is authorized to supply the following for purchase:
[] Textbooks only
[] Textbooks and Supplies (which may include, but is not limited to, writing instruments/binders/paper/ USB memory stick and other school supplies as well as printing credits/photocopy credits/locker rental/lab coat/calculator/book packs etc).

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.

- 2) Total purchases may not exceed \$750.00 per term per student (default), or \$_____ per term per student, or a lump sum of \$_____ allocated over the entire period of study. If you require a limit greater than \$750.00 per term per student please supply credit card information, or contact our office to arrange pre-payment.

- 3) Academic Terms include: Agent must specify at least one term.
Fall (Sept-Dec) / Q1 [] Winter (Jan-Mar) / Q2 [] Spring (Apr-Jun) / Q3 [] Summer (Jul-Aug) / Q4 []

If the Agent is allocating a lump sum over an extended time period, please provide the expected start and end dates.

Start: _____ / _____ (month/year) End Date: _____ / _____ (month/year)

- 4) This sponsorship is authorized by:

Signature _____ / _____ Date

Print Name _____ / _____ Title _____ / _____ Agency Phone

Agency Name _____ / _____ Agency Fax

Agency Billing Address _____ / _____ City _____ / _____ Province _____ / _____ Postal Code _____ / _____ e-mail address

Purchase order or claim # if applicable _____

Credit Card # _____ Expiry _____ / _____

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