

Account Authorization Form

www.campusretailstores.ca

In order to serve you better and to meet the requirements of the University's signing authority policy, please complete the following form. After this form has been sent to the Digital Store please go online to open an account to create your business card. The account will be activated once we have both the online account request and the authorization signature.

Please sign and send this duly completed form to the Digital Store by email at digitalstore@concordia.ca or by FAX at 514-848-3247

Account Holder:				
	First Name		Last Name	
Signature:				
Department:				
Internal Address:				
	Campus	Building	F	Room
Contact Information:	:			
	Telephone		Fax	
	Email address			
My Account Number	r:			
Organization or Fund code		Termination Date		
Signing Authority	is authorized for the foll	owing person(s):		
First Name	Last Name	Signature		Email address
First Name	Last Name	Signature		Email address
If there are any restri	ictions to this authorization, p	please note it below.		