



# CAMPUS STORE

*More than a bookstore!*

St. Catharines, Ontario  
Canada L2S 3A1

(905) 688-5550 Ext: \_\_\_\_\_

TO: CAMPUS BOOKSTORE  
Brock University

Fax #: \_\_\_\_\_

FROM: \_\_\_\_\_

DEPT: \_\_\_\_\_  
Brock University

DATE: \_\_\_\_\_ Form is only good for the date given

This note gives permission to : \_\_\_\_\_

to pick up and sign for the following items

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account Number

I hereby certify that I am authorized to sign for this account number and that the funds are available in this account number.

Signature

**Signature required, all fields must be completed**

*Please Note, photo ID may be required of the individual receiving the product*

If purchases valued over \$1000.00 this form must be signed by the account holder.

Account  
Holder  
Signature