



Account Authorization Form

www.concordiasupplies.ca

In order to better serve you 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 Bookstore, please go online to open an account. 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 Bookstore. Your account will be activated shortly after receipt of this form.

Send to: **Concordia University Bookstore, FAX# (514) 848-8641**

Account Holder:

First Name

Last Name

Signature:

Department:

Internal Address:

Campus

Building

Room

Contact Information:

Telephone

Fax

Email address

My Account Number:

Organization or Fund code

Termination Date

Signing Authority is authorized for the following person(s):

First Name

Last Name

Signature

Email address

First Name

Last Name

Signature

Email address

If there are any restrictions to this authorization, please note it below.