



509 Commissioners Rd. W., Suite 202
London, Ontario, Canada N6J 1Y5

Please complete this general credit card authorization form if you wish to make payment to Sheridan Student Union Inc. or to the Regional Conference by credit card.

Mailing address:

Sheridan Student Union Inc.
1430 Trafalgar Road
Oakville, Ontario
L6H 2L1

Tel: (905) 845-9430 ext. 2302

Fax: (905) 815-4030

Email: chuck.erman@sheridanc.on.ca

Name of Member

(school, company or act): _____

This payment is for (check all that apply):

Membership Fees Conference Registration Showcase Fees Advertising Sponsorship

Other – please indicate: _____

Total Amount You are Paying by Credit Card: CAD \$ _____

Amount of HST tax (13%) included in Total above: CAD \$ _____
(HST # 127643989)

Credit Card Details:

Visa MasterCard Amex

Name on Card: _____

Card Number: _____

Expiry Date: _____

Authorization:

Authorized Signature: _____

Your signature authorizes the Sheridan Student Union Inc. to charge the "Total Amount" above to your credit card. Please keep a copy of this form for your records. Thank you.