

# Cottagewood Store 2020 House Account

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ Email \_\_\_\_\_

Please include me on the bi-weekly email update of what's happening at the store

## Credit Card Information

Name on Card \_\_\_\_\_

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ AMEX \_\_\_\_\_ (check one)

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_

**Authorization:** By signing below, I understand that the Cottagewood Store house charge account is a pre-funded account. I agree to deposit funds in advance of purchases, and to keep my account current throughout the year. I am authorizing the CTWD Store to charge the credit/debit card provided with an amount equal to any balance that is owed on my CTWD Store account on the 15<sup>th</sup> of the month. I understand that my card may be charged at any time to rectify a negative balance & 5% will be added to defer card fee. I also understand that any positive account balance as of the Store's closing on October 31, 2020 will be forfeited as a donation to the foundation.

**Signature of Card Holder** \_\_\_\_\_

**Note:** The CTWD Store is NOT going to perform a credit check. I agree to inform the store if my credit card number changes. I also understand that if my card is declined or check returned, my account will be charged a \$20 processing fee each attempt. The CTWD Store reserves the right to collect any outstanding balances after October 31<sup>st</sup>, 2020.

STORE EMPLOYEE PLEASE FILL OUT:

NEW ACCOUNT \_\_\_\_\_ EXISTING ACCOUNT \_\_\_\_\_ ENTERED in comp. \_\_\_\_\_

OPENING AMOUNT \$ \_\_\_\_\_ DATE \_\_\_\_\_ Staff \_\_\_\_\_