

Cottagewood Store 2021 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. 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, 2021 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 31st, 2021.

STORE EMPLOYEE PLEASE FILL OUT:

NEW ACCOUNT _____ EXISTING ACCOUNT _____ ENTERED in comp. _____

OPENING AMOUNT \$ _____ DATE _____ Staff _____