

Billing Information

Applicant Name (School or Business)

Bill to Address

City

State

Zip Code

E-Mail

()

Phone Number

()

Fax Number

()

Mobile Number

Sales Tax Exempt #

Federal Identification or Social Security #

Owner / Director

Contact Person

Address

City

State

Zip Code

Year Established

Enrollment

Does your organization use purchase orders? Yes No

Bills paid by : School Funding / Sponsoring Agency

Ship to Information (if applicable)

Individual, School or Business Name

Street Address

City

State

Zip Code

E-Mail

()

Phone Number

()

Fax Number

()

Mobile Number

Bank Reference

Bank Name _____		Account # _____
Contact Person _____		
Bank Address _____		
City _____	State _____	Zip Code _____
E-Mail _____		
() _____ Phone Number	() _____ Fax Number	() _____ Mobile Number

Credit References

List Three Business / Credit References (Please do not include personal references or utilities)

1. Name _____		
Street Address _____		
City _____	State _____	Zip Code _____
Account Number _____	Phone Number _____	
2. Name _____		
Street Address _____		
City _____	State _____	Zip Code _____
Account Number _____	Phone Number _____	
3. Name _____		
Street Address _____		
City _____	State _____	Zip Code _____
Account Number _____	Phone Number _____	

Terms and Credit Purchase Agreement

By submitting this form, I hereby authorize Cool School Studios / Publication Printing to obtain necessary credit information at any time from any source and agree to pay for purchases according to the credit terms on our invoice or, if none appear, according to the terms of Net 30. Applicant warrants that all information appearing on this form is true and correct as of the date below and agrees to notify Cool School Studios / Publication Printing in writing within 30 days of any change in style of business organization, financial condition or controlling ownership. Applicant agrees to pay a service charge of 1-1/2% per month or the maximum allowed by law, on any past due balances and if the account is placed for collection, agrees to pay all costs of collection, including reasonable attorney fees.

Electronic Signature

Name _____	Date (mm/dd/yy) _____
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(by sending this form, you agree to the Terms and Agreement above)