



*Application To Establish
Account*

Please fax to 770-981-2418

General Info

Organization Name: _____

Billing Address: _____

City: _____ *State:* _____ *Zip:* _____

Shipping Address (If different from above) _____

City: _____ *State:* _____ *Zip:* _____

Phone: _____ *Fax* _____

Account Requirements

1) *Are purchases restricted to Authorized Buyers?* Yes _____ No _____

If yes, please list names of Authorized Buyers: _____

2) *Does your organization require a purchase order # for orders?* Yes _____ No _____

If yes, Verbal _____ *Written* _____

3) *Are there any other special requirements for your account? If so, please list here:*

Contact Information

Financial/Administrative Contact: _____

Phone: _____ *Fax:* _____

Email: _____

Person Opening Account: _____

Phone: _____ *Fax:* _____

Email: _____

If you are a private school in Georgia that is sales tax exempt, please fax a copy of your sales tax exemption letter.

AUTHORIZED SIGNATURE _____ **DATE** _____

**ALL INVOICES WILL BE SENT TO THE ABOVE BILLING ADDRESS WITH
NET 30 DAY TERMS**