



# CREDIT APPLICATION FOR SCHOOL OR ORGANIZATION



Store # \_\_\_\_\_

Sales Assoc/Ed Rep \_\_\_\_\_

Emp # \_\_\_\_\_

School/Organization Name		County		Year Established	
Billing Address		City		State	Zip
Street Address		City/State		Zip	Tax ID #
Phone # ( ) -	Fax # ( ) -	<input type="checkbox"/> Public School	Contact Person for Payment		
		<input type="checkbox"/> Private School			
		<input type="checkbox"/> Charter School			
<b>1. Officer/Principal Name</b>					
Home Address		City		State	Zip
Home Phone # ( ) -					
<b>2. Officer Name</b>					
Home Address		City		State	Zip
Home Phone # ( ) -					

## REFERENCES

1. Name	City	State	Phone Number ( ) -
2. Name	City	State	Phone Number ( ) -
Bank Reference Name	City	State	Phone Number ( ) -
Mortgage/Landlord Name	City	State	Phone Number ( ) -
Purchase Order Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Special Conditions?		Authorized Purchasers

I authorize the company to make whatever credit inquiries they deem necessary. The company will retain this credit application. I also authorize the company to answer questions about your credit experience with me/us.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

### For Office Use Only

Date \_\_\_\_\_

Account # \_\_\_\_\_

Approved by \_\_\_\_\_

Initial Credit Line \$ \_\_\_\_\_