CREDIT APPLICATION FOR SCHOOL OR ORGANIZATION

Store #		Em	p #			
	A	APPLICANT INF	ORMATION			
School/Organization Name		County	County		Year Established	
Filling Address		City		Sate	Zip	
Street Address		City/State		Zip	Tax ID#	
) -	Fax # ()	-	☐ Public School ☐ Private School ☐ Charter School	Contact Person for 1	Payment	
. Officer/Principal Name						
Iome Address		City		State	Zip	
lome Phone #) - Officer Name				I		
Home Address		City		State	Zip	
Iome Phone #						
		Referen	NCES			
Name	C	City	State	Phone Number		
Name	C	City	State	Phone Number	-	
ank Reference Name	(Sity	State	Phone Number	-	
Iortgage/Landlord Name	C	City	State	Phone Number	-	
urchase Order Required?	S	pecial Conditions?		Authorized Purchas	ers	
Yes □ No □						
authorize the company to make ompany to answer questions ab	e whatever credit inquir out your credit experie	ries they deem necessar ence with me/us.	ry. The company will retain	this credit applicatio	n. I also authorize t	
Signature			Signature		Date	
		For Office U	-			
Date						
Approved by			Initial Credit Line S	\$		