PrivateSchoolPartner
A Division of Partner Purchasing Group

SCHOOL CREDIT APPLICATION

BASICS

SCHOOL NAME _____ DATE _____

MAILING ADDRESS _____

SHIPPING ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____ WEB ADDRESS _____

TAX EXEMPT # _____ SALES TAX PERCENTAGE _____

(If applicable, we must have a copy of your Tax-Exempt Certificate and Affidavit of Non-Taxable Sale to a Tax-Exempt Organization)   *(Provide this only if you do not have a tax exempt certificate)*

CONTACTS

PRINCIPAL/DIRECTOR _____ PHONE/EXT _____ E-MAIL _____

PURCHASING CONTACT _____ PHONE/EXT _____ E-MAIL _____

OFFICE SUPPLY BUYER _____ PHONE/EXT _____ E-MAIL _____

ACCOUNTING CONTACT _____ PHONE/EXT _____ E-MAIL _____

JANITORIAL CONTACT _____ PHONE/EXT _____ E-MAIL _____

(Unless notified otherwise, we send all statements and invoices via email)

FINANCES

BANK _____ PHONE # _____ FAX # _____

ADDRESS _____ BANK CONTACT _____

CITY _____ STATE _____ ZIP _____ CHECKING ACCT. # _____

ANNUAL BUDGET _____ GRADES _____

ENROLLMENT SIZE _____ ANTICIPATED ANNUAL PURCHASE AMOUNT _____

Your credit limit is based on the references from vendors and suppliers you provide us. (Please no utility companies)

REFERENCES

COMPANY _____ PHONE # _____ FAX # _____

CITY, ST, ZIP _____ ACCT # _____

COMPANY _____ PHONE # _____ FAX # _____

CITY, ST, ZIP _____ ACCT # _____

COMPANY _____ PHONE # _____ FAX # _____

CITY, ST, ZIP _____ ACCT # _____

We will establish Net 30 day credit terms and a credit limit once we have received all the paperwork from you and your bank and references have been checked. The undersigned is duly authorized to apply for credit and grants Private School Partner the right to investigate the references listed above and perform any other standard business credit investigations. I/We understand that the credit terms are Net 30 days from invoice date. I/We agree to make all payments within these terms and understand that a 1.5% per month finance charge may be assessed on all past due balances. I/We also understand that Private School Partner reserves the right to charge us all court and/or legal costs associated with the collection of past due monies.

_____   _____   _____

SIGNATURE   PRINT NAME   DATE

Mail or Fax to: Private School Partner. 20 West Dry Creek Circle #230. Littleton, CO 80120.   **Fax #:** 303-794-4460

.pub **FOR OFFICE USE ONLY**   APPROVED LIMIT: _____   DATE: _____

ACCOUNT NO. : _____   APPROVED BY: _____