



## ACCOUNT APPLICATION

### COMPANY INFORMATION

SCHOOL NAME:			
CONTACT:			
EMAIL:		PHONE:	
MOBILE:		FAX:	

BILLING ADDRESS:			
CITY:		STATE:	ZIP:

SITE CONTACT:			
EMAIL:		PHONE:	
MOBILE:		FAX:	
SITE ADDRESS:			
CITY:		STATE:	ZIP:

LEGAL BUSINESS NAME:			
YEARS IN BUSINESS:			
TYPE OF BUSINESS:	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION
	<input type="checkbox"/> PROFIT	<input type="checkbox"/> NON-PROFIT	
OWNER/PRINCIPAL NAME:			
ACC. PAYABLE CONTACT NAME:			
ACC. PAYABLE PHONE:		FAX:	
ACC. PAYABLE EMAIL:			

### BANK REFERENCE

BANK NAME:		OFFICER:	
BRANCH NAME:		PHONE:	
CHECKING ACCOUNT #			
SAVINGS ACCOUNT #			

### PAYMENT INFORMATION

CREDIT CARD TYPE:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
CREDIT CARD #		
AUTHORIZATION #		EXP. DATE:
CARDHOLDER NAME:		
CARDHOLDER SIGNATURE:		

I hereby release and authorize the use of the above credit card to Teachers ASAP.

TRADE REFERENCES

<b>1</b>	COMPANY NAME:			
	ACCOUNT #			
	CONTACT:			
	PHONE:		FAX:	

<b>2</b>	COMPANY NAME:			
	ACCOUNT #			
	CONTACT:			
	PHONE:		FAX:	

<b>3</b>	COMPANY NAME:			
	ACCOUNT #			
	CONTACT:			
	PHONE:		FAX:	

AGREEMENT

<p>I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs.</p>			
AUTHORIZED SIGNATURE:		DATE:	
PRINTED NAME & TITLE:			

CREDIT CARD GUARANTEE

<p>By signing below, client hereby authorizes Teachers ASAP to charge all past due invoices (45 days past the invoice date) to the company credit card listed on page one of this document. Teachers ASAP will notify client prior to charging the credit card. Delinquent accounts (older than 45 days) are subject to cancellation of services and collection proceedings; all collection expenses, attorney's fees and court costs are the responsibility of the creditor.</p>			
AUTHORIZED SIGNATURE:		DATE:	
PRINTED NAME & TITLE:			