

Account Application for Public Schools Form # 0703

Account Name:		Date:
(School Name)		
Phone:	Fax:	Email:
(Include Area Code)	(Include Area Code)	
Name of Principal/Superinter		
	(Please Print)	
Name of Accounts Payable/F		
	(Please	Print)
Bill To Address:		Ship To Address:
Attention:		Attention:
Street:		Street:
City:		City:
State:		State:
Zip:		Zip:
Parish/Country:		Parish/Country:
Notes/Special Instructions:		
Are PO#s Required?		

If tax exempt, please send copy of tax certificate.

Please fax application to 225-923-1650. Should you have any questions regarding this application, we can be reached locally at 225-923-0294 or toll-free at 1-800-673-1576.

For Office Use Only			
Date Approval:	Customer #:		
Signature:			