



9335 Interline Avenue • Baton Rouge, LA • 1-888-322-4377

Account Application for Public Schools Form # 0703

Account Name: _____ Date: _____
(School Name)

Phone: _____ Fax: _____ Email: _____
(Include Area Code) (Include Area Code)

Name of Principal/Superintendent: _____
(Please Print)

Name of Accounts Payable/Purchasing Contact: _____
(Please Print)

Bill To Address:
Attention: _____
Street: _____
City: _____
State: _____
Zip: _____
Parish/Country: _____

Ship To Address:
Attention: _____
Street: _____
City: _____
State: _____
Zip: _____
Parish/Country: _____

Notes/Special Instructions:

Are PO#s Required? _____

If tax exempt, please send copy of tax certificate.

Please email application to customerservice@teacherdirect.com. Should you have any questions regarding this application, we can be reached at 1-888-322-4377.

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