

# DISCOUNT DANCE SUPPLY

*Thank you for your interest in establishing an account with us for Net 30-Day Credit Terms.*

**In order to process your request, please complete the attached application, and return it with the signed purchase order.**

YOU MAY EMAIL, FAX OR MAIL THE COMPLETED APPLICATION AND PURCHASE ORDER.

**Email:** po\_inquiry@discountdance.com    **Fax:** 714-970-9075

**Mail:** Discount Dance Supply/Customer Service - 5037 E. Hunter Ave., Anaheim, CA 92807

## **Application Process:**

- Applications can take 1-2 weeks to process.
- If the application is not complete, the order will be delayed.
- Application is subject to approval based on Discount Dance Supply's guidelines.
- Upon approval of the application, you will be notified via email, fax, or phone.

If you do not wish to establish Net 30-Day Credit Terms, please send in a company check along with your order, or make arrangements to pay by credit card.

Thank you,  
*Customer Service*  
Discount Dance Supply

This form should be completed by the School Financial Officer and signed by a School Principal/President or equivalent official.

**BILLING INFORMATION - MUST BE FILLED OUT COMPLETELY**

BILLING NAME: \_\_\_\_\_

BILLING ADDRESS (STREET, CITY, STATE, ZIP): \_\_\_\_\_

FINANCIAL OFFICER: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

FEDERAL ID#: \_\_\_\_\_

**SCHOOL INFORMATION - MUST BE FILLED OUT COMPLETELY**

PLEASE CHECK ONE:       PUBLIC SCHOOL       PRIVATE SCHOOL       SCHOOL DISTRICT

PLEASE CHECK ONE:       ELEMENTARY       HIGH SCHOOL       COLLEGE/UNIVERSITY

SCHOOL NAME: \_\_\_\_\_

SHIPPING ADDRESS (STREET, CITY, STATE, ZIP): \_\_\_\_\_

NAME OF SCHOOL PRINCIPAL: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF SCHOOL DISTRICT (PUBLIC SCHOOLS): \_\_\_\_\_

**AUTHORIZED SIGNERS:**

*Please list ALL AUTHORIZED SIGNERS for PURCHASE ORDERS or CHECKS. If the signer does not match the authorized signers on this form, the order will be delayed until the signer has been approved by the school official. Additional authorized signers may be attached on a separate form.*

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**AGREEMENT TO COMPANY NET 30-DAY CREDIT TERMS:**

*All bills become due and payable 30-Days from invoice date. New orders cannot be processed if payments are delinquent. Frequent late payments may lead to revoking of terms.*

*The information and statements in this application are true and complete, and they are made for the purpose of applying for Net 30-Day Credit Terms. Interest is computed at the legal rate of 1.5% per month on any past due amount owing on the account. In the event it becomes necessary for your organization to incur collection costs, or to institute suit to collect any amount due under this agreement, or any portion thereof, the undersigned promises to pay additional collection costs, charges, and expenses including attorney's fees if the account is placed in the hands of attorney or collection agency for collection.*

**SIGNATURE (SCHOOL PRINCIPAL, PRESIDENT, OR EQUIVALENT SCHOOL OFFICIAL)**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_