



616-457-9300 Office
616-457-9453 Fax

We are updating our records; please complete this form, Thank you.

LETTER OF ACCOUNT AUTHORIZATION

DATE: ____/____/____

School or Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal Tax Exempt ID # _____ A copy must be supplied for our records.

Director Name: _____

School Phone: _____ Home or Cell Phone: _____

E-mail contact(s): _____

Our open account maximum is not to exceed: \$7,000.00

PLEASE NOTE: Custom made items orders require 50% deposit. (With exception of School P.O. only)

Terms: Payment due within 30 days of Invoice date. A 1.5% monthly finance charge will be added to all past due amounts, and the booster group will be responsible for finance charges if school is unable to pay such charges.

Only these individuals will be allowed to purchase on this account

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

You are responsible to notify us if there are any changes to the above names.

Two authorized signatures are required.

SIGNED: _____ DATE: ____/____/____

Position (i.e. Administrator, Director, Booster Officer) _____

SIGNED: _____ DATE: ____/____/____

Position _____

SIGNED: _____ DATE: ____/____/____

Position _____

**UNIFORMS - CONCERT WEAR - CHOIR APPAREL - CHOIR ROBES
COLOR GUARD SUPPLIES - ACCESSORIES**