

Montessori Services Credit Application / Agreement

Montessori Services Customer Number _____ Date _____

This application is for

- ☐ Public School District
☐ Public School (including public charter schools)
☐ Private School
☐ Other – please describe _____

School or Business Name _____

School District (if a Public School) _____

Billing Address _____ City _____ State _____ ZIP _____

Shipping Address _____ City _____ State _____ ZIP _____

Website Address _____

Contact Name _____

Phone Number _____

E-Mail Address _____

Private School or Other only -

Year Business Established _____ At present location since _____

Is business incorporated? _____ If so, under laws of what state? _____

Type	Terms	Credit Limit
Public School / District	Net 30	\$2,000/\$5,000
Private School / Other	Due upon receipt	\$1,000

After paying a minimum of three invoices on time, request can be made to change terms and/or credit limit.

I hereby warrant that the above information is true and correct and is furnished for the purpose of obtaining credit. I hereby agree that Montessori Services may investigate our credit record.

If an account is opened, the applicant's signature attests acceptance of agreement, financial responsibility, and ability and willingness to pay our invoices in accordance with terms and conditions.

Applicant Name _____ Title _____

Signature _____

Office Use - Acceptance by Montessori Services:

Date _____ Credit limit _____ Terms _____

Approved by _____ Title _____