



## ACCOUNT REQUEST FORM

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**POST:**

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### SCHOOL INFORMATION

**SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **POSTCODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TEACHER** (REQUESTING AUTHORIZATION): \_\_\_\_\_

**POSITION:** \_\_\_\_\_

### AUTHORIZING OFFICER

This section needs to be filled in by an Authorizing Officer (Principal, Business Manager or Account Manager)

**AUTHORIZING OFFICER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**CREDIT LIMIT REQUEST:** \$ \_\_\_\_\_

### DECLARATION:

I (AUTHORIZING OFFICER), \_\_\_\_\_ give permission for (TEACHER) \_\_\_\_\_

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an invoice will be sent to the Teacher and the Authorizing Officer's email address for payment within a month of the invoice date.

**TEACHER SIGNATURE:** \_\_\_\_\_

**AUTHORIZING OFFICER SIGNATURE:** \_\_\_\_\_