



# Application for EDU Sales Program

APPLICATION, PLEASE MAIL OR FAX TO:  
EDU Sales • 725 Pleasant Valley Dr. • Springboro, OH 45066-1158  
Call Toll Free: 1-866-366-4909 • FAX: 1-866-755-7557  
E-MAIL: edusales@parts-express.com

## SCHOOL PROFILE

### SCHOOL NAME:

Contact Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### NET 30 ACCOUNTS/PURCHASE ORDERS

**Information is required for open account terms**

Treasurer/Fiscal Office Name: \_\_\_\_\_

Treasurer/Fiscal Office Phone Number: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

A/P Fax Number: \_\_\_\_\_

A/P Email Address: \_\_\_\_\_

TAX PAYER ID: \_\_\_\_\_

### \*\*ADDITIONAL INFORMATION MAY BE REQUIRED AS NEEDED\*\*

Department: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_