



Robert Larson Company, Inc.

3450 Third Street - 3B
San Francisco, CA 94124

Phone: 1-800-356-2195 or 1-415-821-1021
Fax: 1-415-821-3786 Email: accounting@rlarson.com

Application for School Account

All information must be completed.

School Name _____

Type of Business _____

Ownership Information. Check **one** option below and complete the appropriate information.

Proprietorship:

Owner _____ In business since _____

Partnership:

Partners _____ In business since _____

Corporation:

President _____ Date of Incorporation _____

Secretary _____

Chief Financial Office _____

State of Incorporation _____

Billing Location

Address _____

Phone _____

Fax _____

Email _____

Ship-to Location (use additional sheets)

Address _____

Phone _____

Fax _____

Email _____

Purchasing Contact

Accounting Contact

Name _____

Name _____

Email _____

Email _____

I state that the above information is correct. The tools purchased on this account are for a) use by our students in the classroom, or b) for sale to our students by the school.

Signature _____ Date _____

If these products are shipped within the State of California, sales tax will be charged if there is no resale information on file.