BOOKCLUB - NEW CUSTOMER APPLICATION

INSTITUTION NAME: _____

ADDRESS: _____

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_____

ADDRESS FOR INVOICING (IF DIFFERENT FROM ABOVE)

_____

_____

_____

_____

PHONE (DAYTIME) _____

FAX _____

_____

MOBILE (IF APPLICABLE) _____

EMAIL ADDRESS _____

TEACHER INFORMATION

TEACHER NAME		ABC	LUCKY	ARROW	STAR	C2C #
FIRST NAME	**SURNAME**	**2-5 YRS**	**5-7 YRS**	**8-10 YRS**	**10-12 YRS**	**Office use only**

Authorised by _____ Print Name: _____

Email Only: Please note signature unable to be entered. Please Print Name above as authorisation to open a/c.

Fax back to us: 09 274 8115

Post: PO BOX 94407, Greenmount, Auckland - Attention: Customer Services

OFFICE USE ONLY

CUSTOMER NUMBER: _____