SCHOLASTIC

BOOKCLUB - NEW CUSTOMER APPLICATION

INSTITUTION NAME: _____

ADDRESS: _____

_____

_____

_____

ADDRESS FOR INVOICING (IF DIFFERENT FROM ABOVE)

_____

_____

_____

_____

PHONE (DAYTIME) _____

FAX _____

_____

MOBILE (IF APPLICABLE) _____

EMAIL ADDRESS _____

TEACHER INFORMATION

TEACHER NAME		ABC	LUCKY	ARROW	STAR	SPECIAL	C2C #
FIRST NAME	SURNAME	2-5 YRS (x 16)	5-7 YRS (x 16)	8-10 YRS (x 16)	10-12 YRS (x 16)	ALL AGES (x16)	Office use only
Example - if you have 30 children in Year 1		**2**	**2**			**2**	

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: Private Bag 94407, Botany, Manukau 2163 - Attention: Customer Services

OFFICE USE ONLY

CUSTOMER NUMBER: _____