



Skate In School[®] SCHOOL ACCOUNT INFORMATION

BILLING INFORMATION

Date: _____

School District: _____

School Name: _____

Accounts Payable
Address _____

City: _____

State: _____ Zip: _____

A/P Contact: _____

Phone: _____

Fax: _____

email: _____

Tax ID Number: _____

Is this a "Rent to Own" program with extended credit terms? Yes No

SHIPPING INFORMATION

School Name: _____

Shipping Address: _____

City: _____

State: _____ Zip: _____

Program Contact: _____

Phone: _____

Fax: _____

email: _____

**** Please Note ****

To process your order correctly, please include

1. This School Account Information sheet
2. A Skate in School Order Form
3. Your School's Purchase Order

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