



**Online Purchase Order APPLICATION**

Date: \_\_\_\_\_

**Applicant Information**

School/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

City State ZIP Code

Phone: ( ) Ext: Fax: ( )

Accounts Payable email address\*: \_\_\_\_\_

Invoice preference: Fax  Email

**Payment Terms:**

**Payment Terms:**

Payment is due within 30 days of the invoice date. No shipments will be made on past due accounts. Returned check are subject to a \$30 collection fee.

**Return Policy:**

You may return items you decide not to keep or are dissatisfied with within 90 days, providing these items are unused and in their original packaging. (Please note that returned items that are either used or not in their original packaging may not be accepted or else incur a 20% restocking fee.) Please call Customer Service at 1-800-832-3596 if you have any questions concerning a return.

**Items Damaged in Shipping, Defective Items, or Items Sent in Error**

Although we prepare every order carefully, occasionally these issues arise. Please call Customer Service at 1-800-832-3596 so we can correct the problem immediately at our expense.

**Authorized signature confirms agreement to payment terms.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

PO Agent Email: \_\_\_\_\_ PO Agent Phone No. ( ) \_\_\_\_\_ PO Agent Fax No. ( ) \_\_\_\_\_

\*Only one email address can be used per account for online purchase orders

**CREDIT REFERENCES:** You must include 3 recent payees along with contact information. Please note, we will not process your order until you provide credit reference information.

**Administrator Change Request**

Accounts Payable email address\*: \_\_\_\_\_  
*Please provide the updated email address for the individual responsible for placing orders/receiving invoices.*

PO Box 747  
League City, TX 77574  
Phone:1-800-832-3596  
Fax: 281-557-4340  
educationalscience@msn.com