

New Account Application

for Schools & Colleges



This form must be completed by the Applicant in full

Full Name of Establishment:	
Method of Funding: (e.g LEA, GM, etc.)	
Full Statement/ Invoice Address:	Full Statement/ Invoice Address:
.....
.....
.....
Post Code:	Post Code:
Main Tel:	Main Tel:
Charity Registration No. (If applicable):	

About your Establishment

Date founded:	Number of Staff:	Number of PCs/Notebooks in use:
IT budget last financial year:	Projected IT budget this year:	
Purchasing contact name:	Contact Number:	
.....	Fax:	
Account contact:	Tel:	
Email:	Fax:	
Preferred method of receiving your monthly statement of account: Email <input type="radio"/> Post <input type="radio"/>		
Email address for statement if applicable:	Are you responsible for your own payments: Yes <input type="radio"/> No <input type="radio"/>	
If no please complete the section below		
Payment Authority:	Contact:	

Signature:	Position:
Print Name:	Date:

Office use only

Account Manager's Name:	Rep Code:
Account Manager's Signature:	Directors Signature:
Credit granted: Yes <input type="radio"/> No <input type="radio"/> £	Credit Controllers Signature:
Account Number:	Date: