



Robert Larson Company, Inc.

3450 Third Street - 3B
San Francisco, CA 94124

Phone: 1-800-356-2195 or 1-415-821-1021
Fax: 1-415-821-3786 Email: accounting@rlarson.com

Application for School Account

All information must be completed.

School Name _____

Type of Business _____

Ownership Information. Check **one** option below and complete the appropriate information.

Proprietorship:

Owner _____ In business since _____

Partnership:

Partners _____ In business since _____

Corporation:

President _____ Date of Incorporation _____

Secretary _____

Chief Financial Office _____

State of Incorporation _____

Billing Location

Address _____

Phone _____

Fax _____

Email _____

Ship-to Location (use additional sheets)

Address _____

Phone _____

Fax _____

Email _____

Purchasing Contact

Accounting Contact

Name _____

Name _____

Email _____

Email _____

I state that the above information is correct. The tools purchased on this account are for a) use by our students in the classroom, and/or b) for sale to our students by the school.

Signature _____ Date _____

All accounts must adhere to our current MAP (minimum advertised pricing) policy.

If these products are shipped within the State of California, sales tax will be charged if a California Sellers Permit is not on file.