



P.O. Box 460, Graton, CA 95444
3244 Gravenstein Hwy N, Sebastopol, CA 95472
(707) 823-9125 FAX (707) 823-1734

FOR OFFICE USE ONLY:	
Clerk out _____	Date _____
Clerk in _____	Date _____
\$ Level _____	Category _____
Tax Code _____	Type _____
CPP _____	<u>SCHLGARDEN</u>
Account # _____	
Set up by _____	
Credit Limit \$ _____	

APPLICATION FOR

School Garden Account

- We will pay with each purchase
- We would like a charge account

SCHOOL NAME: _____

GARDEN COORDINATOR: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Persons Allowed to Use Account: 1.) _____ 2.) _____
 (attach separate sheet if necessary) 3.) _____ 4.) _____

Level of School: () Elementary () Middle () High School

Organization Type: () Public () Charter () Private

FOR CHARGE ACCOUNT APPLICATIONS ONLY

Amount of Credit Requested: \$ _____

Name and Telephone Number of 3 (three) Trade References with whom you currently charge:

1. Name: _____
 Telephone: _____ Fax: _____

2. Name: _____
 Telephone: _____ Fax: _____

3. Name: _____
 Telephone: _____ Fax: _____

I/We understand that all information provided herein is for the purpose of obtaining an account and/or credit, and such information will be handled in confidence. I/We agree to provide updated information as it becomes available with regard to this account and authorized users. I/We further agree that should a charge account be provided, that a formal Purchase authorization will be provided at the time of purchase.

(Please have the School Principal sign here)

Signature: _____ Title/Position: School Prinicipal

Print Name: _____ Date: _____

(Plese have the Garden Coordinator sign here)

Signature _____ Title/Position/Association: _____

Print Name _____ Date _____