

# MUSIC & ARTS

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## COMMERCIAL ACCOUNT APPLICATION: SCHOOL/BUSINESS

### SCHOOL BILLING INFORMATION

School Name	School Code (Internal Use only)	
Accounts Payable/Bookkeeper Name		
School billing address		
City	State	ZIP Code
Email		
Phone	Fax	
Tax exempt certificate #		

**Tax Exempt Certificate needs to be provided if applicable. State Law requires any organization entitled to a Sales or Use Tax exemption to provide a copy of valid exemption/re-sale certificate to its vendors. Exemption from Federal or State Income Tax does not necessarily authorize exemption from sales tax. For each listed, attach the appropriate forms for all states and tax jurisdictions applicable to your organization.**

### AUTHORIZED SHIPPING ADDRESS

School Name		
Shipping Address		
City	State	ZIP Code
Phone	Fax	
Comment/Notes:		

### AUTHORIZED PURCHASING AGENT

Name of Authorized purchasing Agent/Teacher		
Allow Online Ordering?	Phone	
Email		
Purchasing Card #: We will call for this information		

### METHOD OF PAYMENT

In order to comply with school purchasing department policies, Music & Arts Center would like to remind all customers to provide a purchase order if one is required by your school district. Please check the following box if your school district requires a purchase order:

**PAYMENT METHOD** (Please choose one):

### TERMS & CONDITIONS

By submitting a School Account Application/Musicarts.com Enrollment Form, we assume complete responsibility for protecting the security of the account and agree to immediately notify Music & Arts Center of any misuse, billing discrepancies, address changes or purchasing agent changes. All billing, shipping or purchasing agent changes must be submitted in writing. Amendment Forms are available upon request. Music & Arts Center invoices and statements will be mailed to the billing address provided on the application. We assume full responsibility for payment of all charges to the account. Receipts presented at the point of sale constitutes the official bill of sale. Check fees will be imposed on all checks returned unpaid for any reason. Terms of payment is Net 30 days and accounts with unpaid balances over 90 days from the invoice due date may be subject to a credit hold or closure.

I/we agree to promptly notify, Music & Arts Center, in writing of any additions or termination of any authorized purchasing agent(s) status. I/we hereby authorize the named person(s) to be issued a Music & Arts Center Commercial Account and/or access to Musicarts.com and understand that we are liable for payment of all charges incurred by the authorized agent(s).

**Signature & Title: Signatory must be the financial officer of the organization/school with the authority to enter into contractual agreements. To the best of my/our knowledge, all information provided is complete and accurate. I/we agree to be bound by the terms and conditions above. You agree to allow us to obtain a business report for the purpose of this application (and/or personal credit report if applying for a personal CA account).**

Signature:	Signature:
Printed Name:	Printed Name:
Title:	Title:
Date:	Date:

### FOR INTERNAL USE ONLY

Source Code	Acct Setup
	Date
Ed Rep Loc	Acct Review
CA #	Date
Credit Limit	Denial
Approved by	Date