



Office use only

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

Appr: \_\_\_\_\_

# MAIN ART SUPPLY, GALLERY, AND FRAMING

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## STUDENT CHARGE ACCOUNT APPLICATION

Type of account: Bill to Home \_\_\_\_\_ Bill to my credit card \_\_\_\_\_

Parent's Driver's License State: \_\_\_ #: \_\_\_\_\_ Student's State: \_\_\_ #: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Home Address/Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Credit Card: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Type: \_\_\_\_\_

Account #: \_\_\_\_\_ Card #: \_\_\_\_\_

\_\_\_\_\_ Name on Card: \_\_\_\_\_

\_\_\_\_\_ Exp. Date: \_\_\_\_\_

All accounts will be billed directly to your parents. A statement of invoices will be mailed once a month. Terms are NET 30 DAYS. All past due accounts are subject to 2% monthly finance charge. We can also bill directly to your Master Card, Visa, American Express or Discover. Delinquent accounts will be put on "HOLD" only until balance due is paid- "C.O.D"

Balances over 90 days will be billed to your credit card.

I have read and understood the above agreement. By signing, I agree to the terms and conditions of this application.

Parent's signature: \_\_\_\_\_ Student's signature: \_\_\_\_\_

Thank you! We look forward to serving you.