



# THE COMPLEAT SCULPTOR

90 Vandam Street, New York, NY, 10013  
TCS@SCULPT.com • www.SCULPT.com

## TCS School Account Application

We thank you for your interest in opening an account with The Compleat Sculptor, Inc. In order to process your request promptly, please fill out the following information in full and fax to (212) 243-2273. If you have any questions don't hesitate to call 212-243-6074 ext. 101, or email Accounting@SCULPT.com. We look forward to doing business with you.

Date \_\_\_\_\_ Tax Exempt # \_\_\_\_\_

**Name of Account:** \_\_\_\_\_

Shipping Address: \_\_\_\_\_

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

**Billing Address:** \_\_\_\_\_

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

**Billing Contact Name and Title:** \_\_\_\_\_

Billing Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Billing E-mail \_\_\_\_\_

### Credit References (Please provide fax numbers)

**Bank:** \_\_\_\_\_ **Account #:** \_\_\_\_\_ **Name of Account** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

**Trade Reference (1)** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

**Trade Reference (2)** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

**Trade Reference (3)** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

### All Orders must be placed using a School Purchase Order.

To receive tax-exempt status, please submit proper documentation along with this application.  
If you are uncertain as to the necessary documentation, please call 212-367-7561.

**Account Terms:** All account balances are payable 30 days from invoice date. Accounts not paid by due date accrue a finance charge of 1.5% monthly on overdue amounts. Accounts more than 90 days overdue will be subject to collection. In the event that collection procedures become necessary, account holder will be responsible for all collection costs incurred by The Compleat Sculptor, Inc., including legal fees and court costs, if necessary.

I have read this application, and everything I have stated on it is true. I authorize The Compleat Sculptor, Inc. to check my credit rating with the above named references, as well as with major credit reporting agencies. I agree that all necessary bank, or other, fees required by my references needed to process my account request are my responsibility.

→ **Signature** \_\_\_\_\_

\_\_\_\_\_ **Print Name & Title**

#### **For TCS Use Only**

Credit Request:  Faxed  Mailed

Credit Request Received  Approved/Denied Letter Sent  Folder Created  Entered in POS

Account Opened: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount: \$ \_\_\_\_\_ Initials: \_\_\_\_\_