

ACCOUNT REQUEST FORM

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SCHOOL INFORMATION

SCHOOL: _____**ADDRESS:** _____ **STATE:** _____ **POSTCODE:** _____**PHONE:** _____ **FAX:** _____**EMAIL:** _____**TEACHER (REQUESTING AUTHORIZATION):** _____**POSITION:** _____

AUTHORIZING OFFICER

This section needs to be filled in by an Authorizing Officer (Principal, Business Manager or Account Manager)

AUTHORIZING OFFICER: _____**POSITION:** _____**EMAIL:** _____**CREDIT LIMIT REQUEST:** \$ _____

DECLARATION:

I (AUTHORIZING OFFICER), _____ give permission for (TEACHER) _____ to make orders on www.lilydalebooks.com.au. On completion of an order from www.lilydalebooks.com.au an invoice will be sent to the Teacher and the Authorizing Officer's email address for payment within a month of the invoice date.

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