06/21

Quilled Creations

Teacher Information Form

School or Teacher Name:

uninguilled exists con	School of	r Teacher Name.	
Contact Person:			
Tel No:			
Fax No:			
Please describe what class(es) you wi	II be teaching and where it wil	ll be held:	
75 / 41/50 001 74/			
TEACHER POLICY: - Teacher must be teaching a	ı paper quilling class and using	/promoting our products during the class.	
		ntent that they are to be <u>sold retail</u> at a reasonable markup during your c Bay, etc. We will close any account that violates this policy. ***	lass
FIRST ORDER: \$50 MINIMUM	be pre-paid by credit card (u	mex, Discover, MasterCard or Visa (unless official PO issues from school) unless official PO issues from school). ze and weight of order.	•
WHERE CAN WE SHIP PRODU	CTS?	Billing Address (FOR CREDIT CARD STATEMENT):	
SHIPPING Address:			
Address (con't):			
City/State/Zip Code:			
Country:			
I CERTIFY THAT PURCHA	ASES FROM QUILLE	ED CREATIONS, INC ARE BEING USED FOR A	
	•	SES DURING THE CLASS.	
PAY THE TAX DUE DIRECTLY TO THE PROPER T SHALL BE VALID UNTIL CANCELLED BY ME IN	TAXING AUTHORITY. THIS AGREEM N WRITING OR REVOKED BY THE CITY ND IS A TRUE AND COMPLETE CERTI	OR CONSUMED AS TO MAKE IT SUBJECT TO A SALES OR USE TAX, THAT I, THE BUYER, WI MENT SHALL APPLY TO EACH ORDER HEREINAFTER GIVEN TO QUILLED CREATIONS, INC AI Y OR STATE. I DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT THIS FICATE. FURTHMORE, I AGREE TO ALL THE TERMS AND CONDITIONS AND UNDERSTAND ONS, INC.	ND
Authorized Signature (Teacher):			
	Signature	Date	

Phone: 585-388-0706 Fax: 585-388-7087 Printed Name