



# Teacher Information Form

06/25

School or Teacher Name:

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

Fax No: \_\_\_\_\_

Website: \_\_\_\_\_

Please describe what class(es) you will be teaching and where it will be held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **TEACHER POLICY:**

Teacher must be teaching a paper quilling class and using/promoting our products during the class.

\*\*\*Our products are sold in good faith to teachers with the intent that they are to be sold retail at a reasonable markup during your class.  
No selling on shopping portals such as Amazon, Walmart, eBay, etc. We will close any account that violates this policy. \*\*\*

## **TERMS & CONDITIONS:**

**MINIMUMS:** \$50 MINIMUM, must be pre-paid with an Amex, Discover, MasterCard or Visa (unless official PO issued from school).

**SHIPPING:** Actual shipping fee will be added to order based on size and weight of order.

\*\*\*\*\*

**CLASS DETAILS:** We do require that for each order the following information is provided in the "Order Note" section of checkout page:

**Class Description:** Tell us about what you will be teaching.

**Class Location:** Where will the class be held?

**Class Date/Time:** When will the class be held?

WHERE CAN WE SHIP PRODUCTS?

Billing Address (FOR CREDIT CARD STATEMENT):

SHIPPING Address: \_\_\_\_\_

\_\_\_\_\_

Address (con't): \_\_\_\_\_

\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

\_\_\_\_\_

**I CERTIFY THAT PURCHASES FROM QUILLED CREATIONS, INC ARE BEING USED FOR A  
QUILLING CLASS AND FOR RESALE PURPOSES DURING THE CLASS.**

Authorized Signature (Teacher): \_\_\_\_\_

Signature

Date

\_\_\_\_\_  
Printed Name