

MUSIC & ARTS

5295 Westview Drive, Suite 300, Frederick, MD 21703

Phone: (301) 620-2853

ca.application@musicarts.com

COMMERCIAL ACCOUNT APPLICATION: SCHOOL/BUSINESS

SCHOOL BILLING INFORMATION

School Name	Raytown High School	School Code (Internal Use only)	
Accounts Payable/Bookkeeper Name		Accounts Payable	
School billing address	6019 Blue Ridge Blvd		
City	Raytown	State	MO
		ZIP Code	64133
Email	joseph.hill@raytownschools.org		
Phone	816-268-7300	Fax	816-268-7315
Tax exempt certificate #			

Tax Exempt Certificate needs to be provided if applicable. State Law requires any organization entitled to a Sales or Use Tax exemption to provide a copy of valid exemption/re-sale certificate to its vendors. Exemption from Federal or State Income Tax does not necessarily authorize exemption from sales tax. For each listed, attach the appropriate forms for all states and tax jurisdictions applicable to your organization.

AUTHORIZED SHIPPING ADDRESS

School Name	Raytown High School		
Shipping Address	6019 Blue Ridge Blvd		
City	Raytown	State	MO
		ZIP Code	64133
Phone	816-268-7300	Fax	816-268-7315
Comment/Notes:			

AUTHORIZED PURCHASING AGENT

Name of Authorized purchasing Agent/Teacher	Joseph Hill	Allow MAC.COM Ordering (online)?	YES
Email	joseph.hill@raytownschools.org	Phone	816-268-7300
Purchasing Card #		Exp Date	

METHOD OF PAYMENT

In order to comply with school purchasing department policies, Music & Arts Center would like to remind all customers to provide a purchase order if one is required by your school district. Please circle one: **PAYMENT METHOD (Please circle one):** CHECK CREDIT CARD ACH

TERMS & CONDITIONS

By submitting a School Account Application/Musicarts.com Enrollment Form, we assume complete responsibility for protecting the security of the account and agree to immediately notify Music & Arts Center of any misuse, bill

I/we agree to promptly notify, Music & Arts Center, in writing of any additions or termination of any authorized purchasing agent(s) status. I/we hereby authorize the named person(s) to be issued a Music & Arts Center Commercial Account. Signature & Title: Signatory must be the financial officer of the organization/school with the authority to enter into contractual agreements. To the best of my/our knowledge, all information provided is complete and accurate. I/we agree to be bound by the terms and conditions above. You agree to allow us to obtain a business report for the purpose of this application (and/or personal credit report if applying for a personal CA account).

Signature(s):	<i>[Handwritten Signature]</i>	Printed Name:	Steve J. Stearns
Printed Name:	Steve J. Stearns	Date:	10-18-21
Title:	ASAC - SUT	Title:	
		Date:	

FOR INTERNAL USE ONLY

Source Code		Acct Setup	
		Date	
Ed Rep Loc		Acct Review	
CA #		Date	
Credit Limit		Denial	
Approved by		Date	