



Educational Purchase Program Application

Purchaser's Information

Select one

Student Instructor

Name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

School Information

School : _____

Address : _____

Phone : _____

Instructor : _____

Course of Study : _____

Verification – Attach Copies of the following:

Student:

Student ID

Accredited course description

Instructor:

Faculty ID

Course description indicating instructor

Dealer Information

Dealer : _____

Address : _____

Phone : _____

Sales Rep : _____

Date of Purchase: _____