



SCHOOL ACCOUNT APPLICATION

Date:	Tax No:
School Name:	
Contact:	Title:
Telephone:	Fax:
Email:	
Shipping Address:	
Billing Address:	

Signature: _____ Date: _____

**Mail to: Canada Inks • PO BOX 92071
Edmonton, Alberta T6T 1N1**

Questions, call: (888) CDN-INKS or visit us online: <http://www.canadainks.com>