

Education Program Application

If you are a qualifying customer and would like to be considered for our Education Program, please complete this application. You can submit it via e-mail to Programs@PsPrint.com.

Client Information

Name _____
School _____
Address _____
City _____ State _____ Zip _____
Email _____
Website _____
Phone _____

Business Information

Estimated printing sales volume per month: _____
School Type: K-6 Middle School High School College Other: _____
Role: Owner Manager/Director Business (general) Designer Marketer Promoter
 Other: _____
Sellers Permit Number (if applicable) _____ State _____

Program members are subject to an annual review. PsPrint, a division of Deluxe Small Business Sales, Inc., reserves the right to revoke the discount at our discretion or if you do not meet current program requirements.

Please read the Terms and Conditions of the PsPrint Education Program, located online at

<https://www.psprint.com/resources/education-partnership/>

By checking this box, I affirm that I have read, understand, and agree to all terms.

Signature

Date

Now sure how to digitally sign? Follow this link: <http://helpx.adobe.com/reader/using/sign-pdfs.html>

PRINT

EMAIL

SAVE

For internal use only:

CUID: _____ Approved: ____/____/____ Mgr: _____ Reseller Code: _____ Rate: _____