

Nancy's Notions Sewing Professional Discount Qualifying Form

BUSINESS APPLICANT

BUSINESS NAME: _____ Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Fax: _____

CONTACT NAME: _____ Address (If Different): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Fax: _____

Tax ID#: _____ (Enclose certificate copy) Wisconsin Tax Exempt#: _____ (Enclose certificate copy)

Wisconsin applicants must complete and return the enclosed WISCONSIN SALES AND USE TAX EXEMPTION CERTIFICATE

Number of years in business: _____

MUST ATTACH TWO ADDITIONAL FORMS OF VERIFICATION (May include, but are not limited to, business card, yellow page ad, newspaper ad).

General Business Description (required): _____

EDUCATIONAL APPLICANT

YOUR NAME: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Fax: _____

MUST ATTACH TWO FORMS OF VERIFICATION/CREDENTIALS (May include, but are not limited to, Teaching Certificate, School business card) (Only 1 form for 4-H leaders).

You must include the following information. This may be used to verify your credentials.

Name of School/Library/Organization where you teach/are employed: _____

School Address: _____ City: _____ County _____ State: _____ Zip: _____

Phone: _____ Email: _____ Fax: _____

SUPERVISOR'S NAME _____ Number of years teaching _____

Subject(s) you presently teach (include copy of your teaching curriculum for the entire school year): _____

DATE _____ SIGNATURE _____

RETURN COMPLETED FORM TO:

Nancy's Notions
333 Beichl Ave • PO Box 683
Beaver Dam WI 53916-0683
Phone: 800-833-0690 ext. 3206
Fax: 800-255-8119

OFFICE USE ONLY:

FORM Z REV. 04/2007

Date Received: _____ Received Via: _____ Fax _____ Mail _____ Other _____

Date Approved: _____ Approved by: _____

Customer ID#: _____