



Institutional Purchasing Program Application

Schools, School Districts, Colleges and Museums can save on purchases by opening an Institutional Account. Save 10% on purchases under \$4,999 and 15% on purchases of \$5,000 or more*.

Thank you for your interest in our *Institutional Purchasing Program*. To begin the program application process, please print and mail this completed application for membership, and required supporting documentation, as detailed below, to:

Phoenix Toys, LLC
Attn: Institutional Sales
PO BOX 550
Baldwin, NY 11510

Please allow 14 days for review of your application; you will be notified if additional information is required. Upon approval, our Institutional Sales Team will contact you.

For questions, please contact our friendly Institutional Sales team:

Phone: 516.665.2730
Fax: 516.855.0689
E-mail: sales@phoenixtoysonline.com
Website: www.phoenixtoysonline.com

All applications must include the requested supporting documentation. Processing of applications missing any of the required documentation will be delayed.

Please include the following required information:

- Completed, signed Credit Application (Attached)
- Completed Tax Exempt Certificate
- A United States Department of Education or State Education Department Certification/License (School applicants only)
- Completed, signed Application Form (Attached)



General Information

Name of Institution: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

e-mail: _____

Web Site: _____

Purchasing Contact Information

Name: _____ Telephone: _____

e-mail: _____
(REQUIRED)

Accounts Payable Contact Information

Name: _____ Telephone: _____

e-mail: _____

Is your Institution (check all that apply):

- Pre-School / Day Care K thru 8 9 thru 12 College/University Museum



INSTITUTIONAL CREDIT APPLICATION

Name of Institution Type of Institution Phone Number Fax Number

Billing Address Shipping Address

City State Zip City State Zip

Years established: _____

Bank References

1. Name Phone Number Fax Number
Account Number Contact:

2. Name Phone Number Fax Number
Account Number Contact:

Open Accounts References

1. Name Phone Number Fax Number

2. Name Phone Number Fax Number

3. Name Phone Number Fax Number

AUTHORIZED SIGNATURE: DATE:

PRINT NAME: TITLE:

Inter Office Use Only DATE: ___/___/___

CREDIT LIMIT: APPROVED BY: