Business Office

POLICIES AND PROCEDURES MANUAL

REQUEST FOR CREDIT FORM

Revised: 01.13.04

REQUEST FOR CREDIT – Class/League/Enrollment

Name: ( ) ( )

Last First Middle Initial Phone Numbers: Home: Business:

Address: City/State: Zip:

Name of Product Purchased ☐ Class ☐ League ☐ Enrollment

Class Start Date:	**Class/League/Enrollment Description:**

Dates of sessions used:

Cost of sessions used:

Customer Signature:
X

ACCOUNTING DEPARTMENT - OFFICIAL USE ONLY

Date Signed:
X

Dollar amount of credit to be issued:
Member account number: