

Customer Information Sheet

SCHOOL INFORMATION

School Name: _____ Telephone Number: _____

Shipping/ Physical Address: _____

City: _____ State: _____ Zip Code: _____

PBIS Implementer: _____ Email: _____

Cell Phone: _____ Best Time to Contact: _____

No of Classrooms: _____ No. of Students: _____ No. of Teachers: _____

District PBIS Coordinator/ Coach: _____

Email: _____ Telephone: _____

BILLING INFORMATION

School PO _____ District PO _____ School/PTA Check _____ Credit Card _____

School District: _____ Billing Contact: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Telephone: _____

*Please note: Purchase orders are only accepted for orders over \$500. If you have any questions, please contact our accounting department at 1-800-544-0844 ext. 102.

HOW DID YOU HEAR ABOUT US?

_____ National APBS Conference

_____ Social Media

_____ State or Local Conference

_____ Website

_____ Colleague

_____ Other

PARTNERS In Learning Inc.