114 S. Cedar Creek Rd.
Cordele, GA 31015
(800) 284-3449 Toll free
(229) 273-5274 Fax
sales@NurseProPack.com
www.NurseProPack.com

STUDENT NURSES ACCOUNT INFORMATION FORM

Organization Name: _____

Affiliated School: _____

Address: _____

Address: _____ website: _____

City, ST, Zip: _____

Phone: _____ Fax: _____ Email _____

State Tax ID: _____ Federal Tax ID: _____

Resale Certificate #: _____

Officers Names/Title	Phone	E-mail
_____	_____	_____
_____	_____	_____

Advisor(s)	Phone	E-mail
_____	_____	_____
_____	_____	_____

Credit Card information: (Optional)

Name on card: _____

Billing address of card: _____

City, ST, Zip: _____

Card #: _____ Exp date: _____

Card type: Visa MasterCard Discover

Cardholder Signature: _____