



Education Direct Account Request Sheet

Institution Name _____

Your Name _____

Purchasing Contact _____

Purchasing email _____

A/V Director / Manager _____

A/V Lead _____

A/V Main contact _____

Special requirements (if any i.e.; packaging, markings, etc):

Number of A/V staff _____

Does your institution have a main warehouse or will we ship to multiple locations?

Who is authorized to purchase our products? _____

Are these transactions via purchase order, credit card or both? _____

Technical contact Name: _____ **phone:** _____

Email: _____

Admin contact Name: _____ **phone:** _____

Admin email: _____

Zektor accepts all forms of payment. If you wish to apply for net thirty (N30) terms please email or fax your institution information for review and verification.

Thank you for purchasing Zektor products