

EDUCATIONAL & GOVERNMENT REGISTRATION FORM

Please complete the application and fax to (954) 570 5589 or email to sales@macroenter.com

Name of Institution			Contact Name			
Address			City			
7	I	T				
State	Zip	Phone Number			Fax	
Website		Email			Tax ID	
Shipping Address		City		City		
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State	Zip					
				nipping Address the address above		
All the institutions that join our program will have the following barefts:						
All the institutions that join our program will have the following benefits: -30 day payment terms						
-Reward Pr	-	nipping products	5			
-Order onli	ne with special prices					
Date Signature						