



DancingSuppliesDepot.Com

School/ Teacher Program Enrollment Form

PLEASE PRINT

*Studio/School Name: _____

*Address: _____

*City, State, Zip code: _____

*Business Phone#: _____

Fax #: _____

Additional Contact (cell #) _____

Please Check Box if you not affiliated with any dance studio

*Studio Owner: _____

*Web Address: _____

*Email Address: _____

*Teacher's authorized to make Decisions and Place Online Orders:

If not Applicable Please Leave Blank.

1. _____

2. _____

3. _____

Studio/Teacher Verification:

***Studio Owner's:** Please Fax Photocopy of Business License to our 24hrs Fax Line:
1(888) 600-1531

***Independent Teachers** not affiliated with any dance studio please Fax Photocopy of
Pay Stub or School Identification; to our 24hrs Fax Line: 1(888) 600-1531

*Please Note: Verification information is very important and must be
completed and approved by one of our Account Specialist before orders go
into production.*

Signature: _____

Date: _____

For Office Use Only:

School/Teacher Code for Purchases: _____

www.DancingSuppliesDepot.com

Toll Free Number: 1 (877) 515-5678

Toll Free 24hr Fax: 1 (888) 600-1531

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Miami, Florida 33174