

# SCHARFF BRUSHES, INC.

## TEACHER APPLICATION

This form is required to qualify for Studio/Teacher discounts. This form must be completed, signed, dated, and returned to our office prior to or along with your first order with us.

Mail to: Scharff Brushes, PO Box 746, Fayetteville, GA. 30214

Fax to: 770-461-2472

Business Name (if applicable) \_\_\_\_\_

First and Last Name \_\_\_\_\_

Please check one  Home Studio  Commercial storefront

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

Credit Card# \_\_\_\_\_ exp.date \_\_\_\_\_

CVV2# \_\_\_\_\_ Tax ID# \_\_\_\_\_

(last 3 digits on back of credit card)

When did you begin Painting? \_\_\_\_\_ When did you begin Teaching? \_\_\_\_\_

Where have you taught in the past? \_\_\_\_\_

Where do you teach currently? \_\_\_\_\_

How many students do you average in a class? \_\_\_\_\_

Please list published works (if applicable) \_\_\_\_\_

What mediums do you use? How often do you teach classes? What skill levels do you teach?

<input type="checkbox"/> Oil	<input type="checkbox"/> Daily	<input type="checkbox"/> Beginner
<input type="checkbox"/> Acrylic	<input type="checkbox"/> Weekly	<input type="checkbox"/> Intermediate
<input type="checkbox"/> Watercolor	<input type="checkbox"/> Monthly	<input type="checkbox"/> Advanced
<input type="checkbox"/> Other (list)	<input type="checkbox"/> Other (list)	

This form must be signed and dated in order to set up your account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Do not write in the box

Approval:

\_\_\_\_\_ Date \_\_\_\_\_

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