

New Client Information

ORGANIZATION INFORMATION

Organization Name _____

Physical Street Address _____

City, State, Zip _____

Organization Phone # _____

Organization Website _____

Organization Type ☐ 501(c)(3) ☐ Other (please specify): _____

CONTACT INFORMATION

Contact Name _____

Contact Phone # _____

Contact E-Mail _____

BILLING CONTACT INFORMATION

Billing Contact Name _____

Bill To Address _____

City, State, Zip _____

Billing Phone # _____

Billing Contact E-Mail _____

Important billing information for potential GPC Community Partners:

- We cannot accept personal checks. Payment must be made via money order or organizational check.
- Payment must be made within 30 days of receipt of invoice.
- We charge tax on all goods and services provided. Please visit www.dornc.com for more information on how to obtain a refund for taxes paid to CMS/GPC.

EMAIL THE FOLLOWING TO print2gpc@cms.k12.nc.us

- Completed application
- A copy of your 501(c)(3) letter from the Internal Revenue Service