

## **AGENT COMMISSION CLAIM FORM**

## **INSTRUCTIONS:**

Agents are responsible for completing this form and emailing to **accounting@jaddisonschool.com** to request payment. Commission payments will only be processed if confirmation of full tuition has been received by J. Addison School **AND** the student has commenced their program. Please allow up to 30 days for processing. Incomplete forms will cause a delay.

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AGENT DETAILS  COMPANY NAME (NAME ON AGREEMENT)							DATE OF BEC	LIEST		
COMPANT NAME (NAME ON AGRI							DATE OF REQUEST			
CONTACT PERSON	CONTACT	CONTACT EMAIL ADDRESS					CONTACT PHONE NUMBER			
COMMISSION DETAILS										
COMMISSION DETAILS	TO DE 0	OMPLETED DV	L ADDIO	011001						
						TO BE COMPLETED BY J.		J. ADDIS	COMMISSION	
SURNAME	GIVEN NAME	NEW/RI	ETURNING	GENDER	GRADE	TUITION PAID	FLAT RATE	%	AMOUNT	
All funds are in Canadian Currency. Please be advised that all applicable taxes, including HST and all others, are included in the total payment amount indicated above. Agents are responsible for the remittance of all applicable taxes to the respective agencies related to this payment.										
COMPANY OFFICIAL SIGNATURE COMPANY OFFICIAL (PRINT NAME)										
SOME AND STREET										
METHOD OF PAYMENT  BANK NAME  BANK NAME  ACCOUNT NUMBER  SWIFT CODE										
☐ WIRE TRANSFER				ACCOO	INT NOWIDER	SWII	SWIFT CODE			
BANK ADDRESS										
NAME ON ACCOUNT										
ACCOUNT HOLDER'S ADDRESS										
PAYABLE TO (COMPANY NAME WILL BE THE PAYEE)										
PLEASE INDICATE IF YOU:										
☐ WILL PICK UP THE CHEQUE ☐ WOULD LIKE THE CHEQUE MAILED (PLEASE INDICATE ADDRESS BELOW)										
MAILING ADDRESS										
TO BE COMPLETED BY J	ADDISON SCHOOL									
APPROVED BY		PRINT NAME						DATE		
WIRE TRANSFER			(	CHEQUE						
AUTH#	DATE OF WIRE	AMOUNT	OUNT		CHEQUE # D.		DATE CHEQUE MAILED		AMOUNT	
NOTES										

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