



J. Addison School

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.

AGENT DETAILS		
COMPANY NAME (NAME ON AGREEMENT)		DATE OF REQUEST
CONTACT PERSON	CONTACT EMAIL ADDRESS	CONTACT PHONE NUMBER

COMMISSION DETAILS									
SURNAME	GIVEN NAME	NEW/RETURNING	GENDER	GRADE	TO BE COMPLETED BY J. ADDISON SCHOOL				
					TUITION PAID	FLAT RATE	%	COMMISSION AMOUNT	
All funds are in Canadian Currency. Please be advised that all applicable taxes, including HST and all other, 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.								TOTAL	
COMPANY OFFICIAL SIGNATURE				COMPANY OFFICIAL (PRINT NAME)					

METHOD OF PAYMENT			
<input type="checkbox"/> WIRE TRANSFER	BANK NAME	ACCOUNT NUMBER	SWIFT CODE
BANK ADDRESS			
NAME ON ACCOUNT			
ACCOUNT HOLDER'S ADDRESS			
<input type="checkbox"/> CHEQUE	PAYABLE TO (COMPANY NAME WILL BE THE PAYEE)		
PLEASE INDICATE IF YOU:			
<input type="checkbox"/> WILL PICK UP THE CHEQUE <input type="checkbox"/> WOULD LIKE THE CHEQUE MAILED (PLEASE INDICATE ADDRESS BELOW)			
MAILING ADDRESS			
<input type="checkbox"/> E-TRANSFER	PLEASE PROVIDE EMAIL ADDRESS: _____		

TO BE COMPLETED BY J. ADDISON SCHOOL					
APPROVED BY		PRINT NAME		DATE	
WIRE TRANSFER			CHEQUE		
AUTH #	DATE OF WIRE	AMOUNT	CHEQUE #	DATE CHEQUE MAILED	AMOUNT
NOTES					