The On It Foundation

The On It Foundation Jump On It Application

P__ __ __ __ __ __

CUSTOMER INFORMATION

Last Name: _____   First Name: _____   Middle Initial: _____

Home Address: _____

_____

City: _____   State: _____   Zip Code: _____

Home Telephone: _____   Work Telephone: _____

Cell Telephone: _____   E-mail Address: _____

Student School (If Applicable) _____   At least 18 years old? _____ (Yes/No)

CUSTOMER COMMENTS

CUSTOMER INFORMATION

Item No. _____	Amount:	$ _____ . ____
Item No. _____	Amount:	$ _____ . ____
Item No. _____	Amount:	$ _____ . ____
Item No. _____	Amount:	$ _____ . ____
Shipping ($50.00 for desktop and $25.00 for laptop)	Amount:	$ _____ . ____
	TOTAL	$ _____ . ____

Bank Name: _____   State: _____

Routing No: _____   Account No: _____

SIGNATURES AND APPLICATION CONFIRMATION

By signing this application I certify that the information that I have provided on this application is correct and true. I accept the terms of the purchase agreement and understand that I will not receive the computer until I have demonstrated sufficient payment history and 100 percent of the purchase price has been received by the On It Foundation/Jump On It! Program. I have read and understand this "Jump On It application" and I fully release the On It Foundation/Jump On It! Program and its agents from all liability for any damage that may result.

_____   _____   _____
Printed Name   Signature   Date

Please submit completed application to: "Jump On It" c/o the On It Foundation - JumpOnIt@TheOnItFoundation.org
Incomplete applications will not be processed and will be returned