

Subject: Account Payable Setup [#75]

Date: Thursday, August 6, 2020 at 12:06:03 PM Pacific Daylight Time

From: Tech To School

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|--|---|
| School/District/Company Name * | Mercy Montessori Center |
| Organization Type * | <ul style="list-style-type: none">• Private |
| Time Organization Established * | More than 5 years |
| First Name * | Christine |
| Last Name * | Byrnes |
| Position/Title | Finance Manager |
| Email * | cbyrnes@mercymontessori.org |
| Phone Number * | 5134756700 |
| Fax Number | 5134756755 |
| Address * | <input type="checkbox"/> 2335 grandview avenue CINCINNATI, OH 45206 United States |
| First Name * | Christine |
| Last Name * | Byrnes |
| Email * | cbyrnes@mercymontessori.org |
| Include any other additional info or requests here: | we are a tax-exempt organization (educational and non-profit) |