

**Check One:**  Net 30 Account     Automation Account     Yearly [Standing]

**Check One:**  New Customer     Existing Customer [Customer Number]

**Name/Address**

Church Name		
Billing Address		
City	State	Zip code
Office Phone	Fax	E-mail
<b>Office Hours:</b> Open from	—to—	Days of Week
Pastor's Name		
Buyer	Title	

**Shipping Address** [if different from above]

Shipping Address		
City	State	Zip code
Day Phone	Evening Phone	Cell Phone

**Credit References:** [Please list the names and addresses of two vendors with whom you are currently doing business.]

Name	Address	
City	State	Zip code
Name	Address	
City	State	Zip code

**Bank Information:** [Please list the name of your bank for credit purposes.]

Bank Name	Address	
City	State	Zip code

**Authorization:** Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. I certify that the information supplied on this application is accurate to the best of my knowledge.

Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Terms:** Terms of this account are net 30 days from date of invoice.

**Official Use:** Credit Line Approved \_\_\_\_\_ Signature \_\_\_\_\_