

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
Office Hours: 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 _____