## Sunday School Publishing Board, NBC, USA, Inc.

Church Credit Application

## **Address:** 1700 Baptist World Center Dr. Nashville, TN 37207-4919

Contact Us: P: (615) 256-2480 F: (615) 242-1382 www.sspbnbc.com

Check One: Net 30 Account	Automation Account	☐ Yearly [Standing]		
Check One: ☐ New Customer	☐ Existing Customer [Customer]	omer 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		Bayo of Week		
Buyer Title				
Shipping Address [if different from	ı above]			
Obligation Address				
Shipping Address				
City		State		Zip code
Day Phone	Evening Phone		Cell Phone	<u> </u>
Credit References: [Please list the	names and addresses of two v	endors with whom you are c	urrently doing busin	ess.]
Name		Address		
City		State		Zip code
Name		Address		
City		State		Zip code
Rank Information: [Dlogen list the	name of your bank for gradit no	irnoege 1		
Bank Information: [Please list the	name of your bank for credit pu	irposes.]		
Bank Information: [Please list the	name of your bank for credit pu	Address		
Bank Name	name of your bank for credit pu			Zip code
	name of your bank for credit pu	Address		Zip code
Bank Name City  Authorization: Applicant's signature	re attests financial responsib	Address State sility, ability and willingnes	s to pay our invo	
Bank Name City	re attests financial responsib	Address State sility, ability and willingnes	s to pay our invoi ny knowledge.	
Bank Name  City  Authorization: Applicant's signature terms. I certify that the information s	re attests financial responsib	Address State sility, ability and willingnes accurate to the best of n	s to pay our invoi ny knowledge.	
Bank Name  City  Authorization: Applicant's signature terms. I certify that the information signature.	re attests financial responsib	Address State sility, ability and willingnes is accurate to the best of n	s to pay our invoi ny knowledge.	
Bank Name  City  Authorization: Applicant's signature terms. I certify that the information s	re attests financial responsib	Address State sility, ability and willingnes accurate to the best of n	s to pay our invo	
Bank Name  City  Authorization: Applicant's signature terms. I certify that the information signature.	re attests financial responsib supplied on this application is	Address State Sility, ability and willingnes accurate to the best of n	s to pay our invoi ny knowledge.	