



APPLICATION FOR CREDIT

Date _____

FAX BACK TO 800-832-5477

Name of Organization _____

Address _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Name _____ (Head of Organization – Principal, Pastor, Director, etc.)

President _____ Home Phone _____

Treasurer _____ Home Phone _____

Secretary _____ Home Phone _____

Names of Authorized Buyers _____

Number of Members _____ Date Established _____ Own or Lease Premises _____

Signature (Head of Organization) _____ Date _____

Signature (Treasurer) _____ Date _____

**TERMS ARE NET 30 DAYS. ALL INVOICES MUST BE PAID WITHIN TERMS OR
FURTURE ORDERS WILL BE HELD UNTIL PAYMENT HAS BEEN RECEIVED.**