



# NOT-FOR-PROFIT CREDIT APPLICATION

**BASICS**

ORGANIZATION NAME \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ WEB ADDRESS \_\_\_\_\_

TAX EXEMPT # \_\_\_\_\_ SALES TAX PERCENTAGE \_\_\_\_\_

*(If applicable, we must have a copy of your Tax-Exempt Certificate and Affidavit of Non-Taxable Sale to a Tax-Exempt Organization)* *(Provide this only if you do not have a tax exempt certificate)*

**CONTACTS**

DIRECTOR'S NAME \_\_\_\_\_ PHONE/EXT \_\_\_\_\_ E-MAIL \_\_\_\_\_

OFFICE SUPPLY BUYER \_\_\_\_\_ PHONE/EXT \_\_\_\_\_ E-MAIL \_\_\_\_\_

ACCOUNTING CONTACT \_\_\_\_\_ PHONE/EXT \_\_\_\_\_ E-MAIL \_\_\_\_\_

JANITORIAL CONTACT \_\_\_\_\_ PHONE/EXT \_\_\_\_\_ E-MAIL \_\_\_\_\_

ORGANIZATION'S MISSION \_\_\_\_\_

*(Unless notified otherwise, we send all statements and invoices via email)*

**FINANCES**

BANK \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

ADDRESS \_\_\_\_\_ BANK CONTACT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CHECKING ACCT. # \_\_\_\_\_

ANNUAL BUDGET \_\_\_\_\_ ANTICIPATED ANNUAL PURCHASE AMOUNT \_\_\_\_\_

ARE YOU PART OF A REGIONAL OR NATIONAL MINISTRY/ORGANIZATION? \_\_\_\_\_

**Your credit limit is based on the references from vendors and suppliers you provide us. (Please no utility companies)**

**REFERENCES**

COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_ ACCT # \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_ ACCT # \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_ ACCT # \_\_\_\_\_

*We will establish Net 30 day credit terms and a credit limit once we have received all the paperwork from you and your bank and references have been checked. The undersigned is duly authorized to apply for credit and grants ChurchPartner the right to investigate the references listed above and perform any other standard business credit investigations. I/We understand that the credit terms are Net 30 days from invoice date. I/We agree to make all payments within these terms and understand that a 1.5% per month finance charge may be assessed on all past due balances. I/We also understand that ChurchPartner reserves the right to charge us all court and/or legal costs associated with the collection of past due monies.*

\_\_\_\_\_  
SIGNATURE PRINT NAME DATE

**Mail or Fax to:** ChurchPartner. 20 West Dry Creek Circle #230. Littleton, CO 80120. **Fax #:** 303-794-4460

<b>FOR OFFICE USE ONLY</b>	APPROVED LIMIT:	DATE:
	ACCOUNT No. :	APPROVED BY:

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