

FOR OFFICE USE ONLY

ACCOUNT No.:

SCHOOL CREDIT APPLICATION

DATE:

L:/Company Forms/Info Pkt/Credit Applications/CP School Application Rev. 7.11.14.pub

SCHOOL NAME DATE Mailing Address SHIPPING ADDRESS ____ S CITY ______ COUNTY _____ STATE ____ ZIP _____ _____ Fax # _____ Web Address _____ SALES TAX PERCENTAGE___ TAX EXEMPT # (If applicable, we must have a copy of your Tax-Exempt Certificate (Provide this only if you do not have a tax exempt certificate) and Affidavit of Non-Taxable Sale to a Tax-Exempt Organization) PRINCIPAL/DIRECTOR _____ PHONE/EXT _____ E-MAIL _____ Purchasing Contact ______ Phone/Ext _____ E-Mail _____ N ______ Phone/Ext ______ E-Mail ____ OFFICE SUPPLY BUYER ACCOUNTING CONTACT PHONE/EXT E-MAIL PHONE/EXT E-MAIL JANITORIAL CONTACT (Unless notified otherwise, we send all statements and invoices via email) BANK ______ PHONE # _____ FAX # _____ BANK CONTACT N CITY ______ STATE ____ ZIP ____ CHECKING ACCT. #_____ N Annual Budget _____ Grades _____ C ENROLLMENT SIZE ______ ANTICIPATED ANNUAL PURCHASE AMOUNT_____ Your credit limit is based on the references from vendors and suppliers you provide us. (Please no utility companies) _____PHONE # ______ FAX # _____ COMPANY ___ _____ Acct # ____ CITY, ST, ZIP E R COMPANY _____ PHONE # _____ FAX # _____ _____ Acct # _____ N COMPANY PHONE # FAX # 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

APPROVED LIMIT:

APPROVED BY: