PrivateSchoolPartner A Division of Partner Purchasing Group

NOT-FOR-PROFIT CREDIT APPLICATION

	Organization Name		Date			
B A S I C S	MAILING ADDRESS					
	Shipping Address					
	Стту Соц	COUNTY				
	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)					
C O N T A C T S	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)					
F	Bank	Phone #	Fax #			
I N	Address Bank Contact					
A	Сіту Stat	e Zip	_ CHECKING ACCT. #			
N C	ANNUAL BUDGET ANTICIPATED ANNUAL PURCHASE AMOUNT					
E	Are You Part of a Regional or National Ministry/Organization?					
S	Your credit limit is based on the references from vendor.	s and suppliers you n	rovide us (Please no utility compan	ies)		
REFERENCES	COMPANY			_		
	CITY, ST, ZIP					
			Fax #			
	CITY, ST, ZIP		Асст #			
	Company	Phone #	Fax #			
S	City, ST, Zip		Асст #			
	will actablish Nat 20 day gradit terms and a gradit limit and we have read					

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 Private School Partner 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 Private School Partner 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: Private School P	Fax #: 303-794-4460		
FOR OFFICE USE ONLY	APPROVED LIMIT:	Date:	
ACCOUNT NO. :	APPROVED BY:	L:/Company Forms/Info Pkt/Credit Applications/PS	P Nonprofit Application Rev. 11-21-12.pub