Application for Credit

Name of Church or Ministry					
Contact Person's Name					
Mailing Address				_	
City, State ZIP		Contact's Te	lenhone	_	
Only, Oldro Zii		- Contact of To			
e-mail address					
HEREBY applies for cred	it in accordance with the	e terms and condit	ions of:		
Sunday School Dire PO Box 847 Belleville, PA 17004					
Our normal credit terms a Statements may be sent a Detailed invoice will be gi responsibility to submit in Service charge at prevaili	at end of month if there ven to person making p voice to proper person	is an open balance ourchase: it is the p for timely payment	urchaser'	s	
Approximate year organiz	zation was established:		_		
Treasurer's name & telep	hone			·	
Secretary's name & telep	hone			 	
Pastor's Name					
Bank Name, Address, Ph	one				
Bank Account Number(s)					
REFERENCES (At le	east 2 creditors with	whom you curr	ently ha	ve open acco	ount):
1				-	
Creditor Name	Address		ZIP	Phone	Acct No.
2. Creditor Name	Address		ZIP	Phone	Acct No.
C. Callor Hamile	, tau1000			1 110110	, 1001 140.

	pected quarterly purchases) \$exempt. Properly completed certificate of exemption must be submitted
I (we) certify that all the information on the proper payment in consideration of	this form is correct. I (we) fully understand your credit terms and agree to fextended credit.
(Signed)	
Date:(Title)
For SSD Office use only:	
VERIFICATION:	
References checked by	Credit Approved by
Reference results	Credit Refused by
Date	 _
Applicant notified by	

You may return credit application by fax to 888-363-2281, or mail to PO Box 847, Belleville, PA 17004