



1-800-532-4278 or (310) 353-2100 7 am to 4 pm P.S.T. • FAX: (310) 353-2116
 4733 Torrance Blvd., Suite #259 • Torrance, California • 90503

CONFIDENTIAL APPLICATION

Application for Account and Trade Recognition

Legal Billing Name (please print or type)

1 Name: _____

 Address: _____
 City: _____ State: _____
 Phone: _____ Zip: _____
 Fax: _____ E-Mail: _____

Officers', Principles', and Owners' Information

7 Name: _____
 Title: _____
 Home Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone: _____

Shipping Address (please print or type)

2 Name: _____

 Address: _____
 City: _____ State: _____
 Phone: _____ Zip: _____
 Fax: _____ E-Mail: _____

Name: _____
 Title: _____
 Home Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone: _____

3 Business License #: _____
 Resale License #: _____
 Tax Exempt #: _____
 (Please send a photocopy of your resale or sellers permit.)
 (Please state N/A if your state does not collect sales tax)

Nature and Operation of Business: choose one

4 Sole Proprietorship Partnership
 Corporation

Business Description

<input type="checkbox"/> General Bookstore	<input type="checkbox"/> Religious Bookstore
<input type="checkbox"/> College Bookstore	<input type="checkbox"/> Department Store
<input type="checkbox"/> Music Store	<input type="checkbox"/> Library
<input type="checkbox"/> Music Store	<input type="checkbox"/> Church Book Table
<input type="checkbox"/> Showroom/ Store in Home	<input type="checkbox"/> Mail Order/Direct Mail Vendor
<input type="checkbox"/> Other: _____	
Number of addresses on mailing list: _____	

Location

5 Business District Church Building
 Shopping Center/Mall Residential Area
 Other: _____

6 Anticipated Credit Needed \$ _____

8

a. Have you been a dealer of Christian books at any previous time? _____ If so, when? _____
 Previous business name: _____

b. If this is a home or church bookstore, is the area zoned for business? Yes No
 Do you have a sellers permit and business license for bookselling? Yes No

c. Is this a new business? Yes No
 If not, how long established? _____

d. Store hours - from: _____ to: _____
 Number of days open per week: _____

e. Size of store: _____ sq. ft.

f. Approx. what percentage of your total business is Christian books, Bibles and supplies? _____

g. What is the nature of the rest of your business?

h. Including yourself, how many employees attend to the sale of religious goods? F.T.: _____ P.T.: _____

i. Advertising media used: Newspapers Radio
 Catalog Direct Mail Other: _____

j. Approximate population of your city: _____

k. Are there any other stores in the area handling:
 Y/N Religious Books Y/N Church & Sunday School Supplies

9 Name(s) of Authorized Buyer(s): _____

 (If left blank we will accept any orders that ship to you)

12 Is your business rated in *Dun & Bradstreet*? _____
 Dunns # _____

13 Are you personally rated in *Dun & Bradstreet*? _____
 Dunns # _____

To Be Answered By Established Business

10 a. Is a purchase order # required? _____
 b. Sales last year: \$ _____ Two years ago: \$ _____
 c. Cash on hand/in banks: \$ _____
 d. Approximate value of inventory/fixtures: _____
 Religious: \$ _____ General: \$ _____
 e. Accounts Receivable: \$ _____
 f. Accounts Payable: \$ _____
 g. Approximate value of fixtures: \$ _____
 h. Monthly Rent: \$ _____
 i. Notes Payable: \$ _____
 j. Mortgages: \$ _____

Please list the name and address of your bank

14 Bank Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Fax: _____
 Account Number(s): _____

 Contact Name: _____
 Phone Number for Contact: _____
 Exact Name Under which account(s) is/are carried: _____

Business References

Please list the names of 3 firms, preferably publishers with whom you have been doing business regularly, specifically within the past 60 days.

11 Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 AP Fax: _____
 Account Number: _____

Any Special Requirements for Your Account

15 _____

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 AP Fax: _____
 Account Number: _____

Signature

16 This must be completed to process your account and be considered for a credit limit and net 30 terms. I grant permission to contact references and banks listed, and consumer and commercial credit reporting agencies. I confirm that all information is correct and agree to abide by the terms of sale as set forth herein. I agree to be responsible for all purchases, finance charges, and related debts for the above account.
 Owner must complete and sign.
 Printed Name: _____
 Signature: _____
 Title: _____ Date: _____

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 AP Fax: _____
 Account Number: _____

TERMS

If your account is approved for a credit limit, terms are balance due in net 30 days (unless otherwise noted on your invoice). Finance charges accrue on a monthly basis. Accounts over 45 days may be placed on credit hold. Accounts over 90 days may be referred to an outside collection agency. Fees are the responsibility of the debtor. Credit limit and terms are subject to decrease or increase based upon your remittance habits. Payment may be made by check, money order, Visa or Mastercard. Payment accepted by mail but credit card may also be taken by phone. Call 800-532-4278. Non-sufficient fund check fee = \$10.00. A service charge of 1 1/2% per month will be added to all delinquent accounts. Forthcoming items and out of stock items will be shipped and billed when ready and postage charged to the trade account ordering. All shipments are FOB Torrance, California.