



NOT-FOR-PROFIT CREDIT APPLICATION

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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) (Provide this only if you do not have a tax exempt certificate)

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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 _____

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BANK _____ PHONE # _____ FAX # _____

ADDRESS _____ BANK CONTACT _____

CITY _____ STATE _____ ZIP _____ CHECKING ACCT. # _____

ANNUAL BUDGET _____

ARE YOU PART OF A REGIONAL OR NATIONAL MINISTRY/ORGANIZATION _____

PLEASE NOTE: ChurchPartner will base your credit limit on the credit references you provide us.

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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 W. Dry Creek Circle #230 Littleton, CO 80120 FAX # 303-794-4460

FOR OFFICE USE ONLY	APPROVED LIMIT:	DATE:
ACCOUNT NO. :	APPROVED BY:	

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