



# SCHOOL CREDIT APPLICATION

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SCHOOL 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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PRINCIPAL/DIRECTOR \_\_\_\_\_ PHONE/EXT \_\_\_\_\_ E-MAIL \_\_\_\_\_

PURCHASING CONTACT \_\_\_\_\_ PHONE/EXT \_\_\_\_\_ E-MAIL \_\_\_\_\_

OFFICE SUPPLY BUYER \_\_\_\_\_ PHONE/EXT \_\_\_\_\_ E-MAIL \_\_\_\_\_

ACCOUNTING CONTACT \_\_\_\_\_ PHONE/EXT \_\_\_\_\_ E-MAIL \_\_\_\_\_

JANITORIAL CONTACT \_\_\_\_\_ PHONE/EXT \_\_\_\_\_ E-MAIL \_\_\_\_\_

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BANK \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

ADDRESS \_\_\_\_\_ BANK CONTACT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CHECKING ACCT. # \_\_\_\_\_

ANNUAL BUDGET \_\_\_\_\_ GRADES \_\_\_\_\_

ENROLLMENT SIZE \_\_\_\_\_

**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**

<b>FOR OFFICE USE ONLY</b>	APPROVED LIMIT:	DATE:
ACCOUNT NO. :	APPROVED BY:	L:/Company Forms/Info Pkt/Credit Applications/School Application.pub rev: 5-8-2009