

Application for Credit

Name of Church or Ministry: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Contact's Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

HEREBY applies for credit in accordance with the terms and conditions of:

Sunday School Direct

PO Box 668

Lemont, PA 16851

Our normal credit terms are: Net 30 days from purchase date.

Statements may be sent at the end of the month if there is an open balance.

Detailed invoice will be provided to the purchaser.

Service charge at prevailing rate may apply to late payments.

Approximate year organization was established: \_\_\_\_\_

Treasurer's Name & Telephone: \_\_\_\_\_

Secretary's Name & Telephone: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Bank Name, Address, Phone: \_\_\_\_\_

Bank Account Number(s): \_\_\_\_\_

REFERENCES (At least 2 creditors with open accounts):

1. Creditor Name: \_\_\_\_\_

Address, ZIP, Phone, Acct No: \_\_\_\_\_

2. Creditor Name: \_\_\_\_\_

Address, ZIP, Phone, Acct No: \_\_\_\_\_

CREDIT AMOUNT REQUESTED (Expected quarterly purchases): \$\_\_\_\_\_

■ Check here if purchases will be tax-exempt. Submit a certificate of exemption.

I (we) certify that all the information is correct and agree to the payment terms.

(Signed): \_\_\_\_\_ Date: \_\_\_\_\_

(Title): \_\_\_\_\_

For SSD Office use only:

Verification: \_\_\_\_\_

References checked by: \_\_\_\_\_ Approved by: \_\_\_\_\_

Reference results: \_\_\_\_\_ Refused by: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant notified by: \_\_\_\_\_

Please email the completed application to [sales@sundayschooldirect.com](mailto:sales@sundayschooldirect.com)

or mail it to PO Box 668, Lemont, PA 16851.