

H & C Religious Supplies
CREDIT APPLICATION FOR IN-STORE ACCOUNT

CONTACT INFORMATION

Church name (if applicable):

Applicant name:

Phone:

Fax:

E-mail:

Address:

City:

State:

ZIP Code:

Tennessee Tax Exempt or Federal Exempt Number (if applicable)(Certificate must accompany application):

CREDIT INFORMATION

Primary address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Credit Card

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Terms:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Terms:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Terms:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. Service fees may incur for past due balances.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize H & C Supplies to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature: _____

Print Name: _____

Title: _____

Date: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____