



1515 Cascade Ave, Loveland CO 80538
(800) 635-0404 x4199 Fax (970) 292-4374

Office use only:
Account #: _____ Credit Line: _____
Date: _____ Approval: _____

CONFIDENTIAL CREDIT APPLICATION

Please complete each line by typing or printing clearly. ****Copy of valid State Reseller Certificate required or account will be taxable****

Business Information:

Exact Legal Name: _____
Also Known As/Doing Business As: _____
Physical Street Address of Business: _____
City: _____ State: _____ Zip: _____ County: _____
Phone#: (____) - _____ Fax#: (____) - _____
Email Address: _____
Credit line requested: _____ (required)
Web Address for Store _____

Bill to Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone#: (____) - _____ Fax#: (____) - _____
Ship to Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone#: (____) - _____ Fax#: (____) - _____
Buyer/Purchaser Contact: _____

Date business established under present ownership ____/____/____ State Tax Resale # _____ Federal ID # _____
MO YR

Please circle one that applies: **Sole Proprietor Partnership Corporation LLC Distributor Other** _____

Church-owned Bookstore (must meet qualifications) Hours of operation _____ Open to general public? Yes or No

Ownership Information:

Name (1) _____
Title: _____
Home Address: _____
City: _____ State: _____
Zip: _____ County: _____
Home Phone #: (____) _____
Fax Phone #: (____) _____
Social Security #: _____

Name (2) _____
Title: _____
Home Address: _____
City: _____ State: _____
Zip: _____ County: _____
Home Phone #: (____) _____
Fax Phone #: (____) _____
Social Security #: _____

Management Information:

Store Manager: _____
Phone #: (____) _____
Fax #: (____) _____
Email Address: _____
Payables Contact: _____
Phone #: (____) _____
Fax #: (____) _____
E-mail Address: _____

Industry References: (please check all that apply & supply account numbers with fax #)

Lifeway: Acct # _____ Fax # () _____

David C Cook: Acct # _____ Fax # () _____

Ingram: Acct # _____ Fax # () _____

Other _____

Tyndale: Acct # _____ Fax # () _____

Zondervan: Acct # _____ Fax # () _____

Concordia: Acct # _____ Fax # () _____

Have you ever filed for bankruptcy or insolvency? **Personal** **Business** **Outcome:** _____

PLEASE READ AND SIGN BELOW ACKNOWLEDGING OUR TERMS AND CONDITIONS OF SALE

THIS IS NOT SUBJECT TO ALTERATION AND SUPERCEDES ALL OTHERS

I declare all information and enclosures are true and correct to the best of my knowledge and belief. Applicant's signature attests herein named business' financial responsibility to pay all invoices in accordance with terms. Unless otherwise agreed upon, I understand TERMS OF SALE to be NET 60 days, and payments on invoices are due 60 days from the invoice date or as stated on the invoice. I understand credit availability is at the sole discretion of Group Publishing Inc. and depends on my payment history, current account status, and other relevant information. I also understand that invoices not fully paid by the due date will be assessed a LATE CHARGE of 1.5% per month which is an ANNUAL PERCENTAGE RATE (APR) of 18% per year, and that additional orders will not be shipped to customers with past due accounts that reach a "Credit Hold" status. In the event of default, Group Publishing reserves the right to revoke credit terms. I agree to pay reasonable collection costs and attorney fees in addition to any costs of suit incurred therein. I further declare that I have authority to apply for credit on behalf of the herein named business and hereby authorize Group Publishing to make inquiries and investigate as deemed necessary for credit purposes. My signature below authorizes my bank or other creditors to release general account and financial information for this credit investigation and analysis. The above information is for the purpose of obtaining credit entitlement to discounts and is warranted to be true.

Authorized Name: (printed) _____ **Title of Officer:** _____

Authorized Signature: _____ **Date:** _____

THIS APPLICATION MUST HAVE A SIGNATURE TO BE PROCESSED