



CHRISTIAN LIBERTY PRESS

502 West Euclid Avenue, Arlington Heights, Illinois 60004-5402

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A MINISTRY OF THE CHURCH OF CHRISTIAN LIBERTY SINCE 1984

BILLING ACCOUNTS APPLICATION

Revised – March 15, 2018

please print clearly

Company Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____

Shipping Address (if different from above) _____

City _____ State _____ Zip _____

Years in Business _____ Company is seeking to become a: Distributor Customer¹ School-Church Customer²

CONTACT INFORMATION

Company Directors / Officers / Buyer / Principal

Name 1 _____ Title _____

Email _____ Phone _____

Name 2 _____ Title _____

Email _____ Phone _____

Name 3 _____ Title _____

Email _____ Phone _____

continued on next page

¹ Include a copy of your resale certificate with this application.

² Include a copy of your business certificate and/or your tax exempt letter with this application.

Company Name _____ Date _____

TRADE REFERENCES

Vendor 1 _____ Account # _____

Payment Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone _____ Fax _____

Vendor 2 _____ Account # _____

Payment Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone _____ Fax _____

Vendor 3 _____ Account # _____

Payment Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone _____ Fax _____

continued on next page

Company Name _____ Date _____

TERMS AND CONDITIONS FOR NET 30

Terms of sale (including terms of payment and charges for each purchase) are agreed to be those specified on each invoice. Payment must be made within thirty (30) days of the shipping date and must be in U.S. funds and drawn against a U.S. bank.

Payments not made within the thirty (30)-day timeframe will incur a service charge of 2% or \$10 (whichever is greater). Excessive late payments may also result in the loss of your billing account status and privileges (at the discretion of Christian Liberty Press). The "Company" (you) hereby agrees to pay all costs of collection and/or legal fees should non-payment require such action. The information contained in this application is willingly supplied.

Christian Liberty Press (CLP) is authorized to contact the above trade references in order to establish the creditworthiness of the Company. Should a line of credit be granted to the Company by CLP, all decisions with respect to the extension or continuation of said line shall be at the sole discretion of CLP. Christian Liberty Press may terminate any credit line at its sole discretion.

I have read and understand the above terms and conditions, and hereby agree to them. I have also read and understand Christian Liberty Press's general policies surrounding my customer type as presented—

for Distributor Customers:

<<http://www.shopchristianliberty.com/content/distributors/Distributor%20Policies.pdf>>;

for School-Church Customers:

<<http://www.shopchristianliberty.com/content/distributors/School-Church%20Policies.pdf>>.

Applicant's Name _____ Title _____

Company Name _____

Authorized Signature _____ Date _____

PERSONAL GUARANTEE

The undersigned hereby individually and personally guarantees the full and prompt payment of all indebtedness heretofore or hereafter incurred by the "Company" (you) with respect to its purchases made from Christian Liberty Press.

Guarantor's Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Authorized Signature _____ Date _____