



# 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 – January 1, 2016

*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 Customer<sup>1</sup>  School-Church Customer<sup>2</sup>

### 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*

<sup>1</sup> Include a copy of your resale certificate with this application.

<sup>2</sup> 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. Payments not made within that timeframe will incur a service charge of 2% or \$10 (whichever is greater). Payment must be in U.S. funds and drawn against a U.S. bank.

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.

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 \_\_\_\_\_