



CHRISTIAN LIBERTY PRESS

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A MINISTRY OF THE CHURCH OF CHRISTIAN LIBERTY SINCE 1984

PREPAID ACCOUNTS APPLICATION

Revised – January 1, 2016

please print clearly

Company Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Country (if other than the United States) _____ Fax _____

Shipping Address (if different from above) _____

City _____ State _____ Zip _____

Country (if other than the United States) _____

Years in Business _____

Company is seeking to become a:

Distributor
Customer¹

School-Church
Customer²

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 _____

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

Company Name _____ Date _____

TERMS AND CONDITIONS

These terms apply to any outstanding balances that may accrue.

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.

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 _____

Country (if other than the United States) _____

Authorized Signature _____ Date _____