



This document contains fillable form fields. Please submit the completed form to one of the addresses on page 2. Digitally signed documents may be submitted directly via email; otherwise print and sign the completed form and submit the original to the postal address or a scanned copy to the email address on page 2.

Church Name _____

Address _____

City _____ State _____ ZIP _____

Office Phone _____ Fax _____ E-Mail _____

Shipping Address — if different from above

Street Address _____

City _____ State _____ ZIP _____

Pastor's Name _____

Home Address _____

City _____ State _____ ZIP _____

Treasurer _____ Phone Number _____

Book Buyer _____ Title _____

Office Hours: Open from _____ to _____ Days of Week _____

Denominational Affiliation _____

Please list the names and complete addresses of three vendors with whom you are currently doing business:

Name _____ Terms _____

Address _____ Credit Limit _____

City, State, ZIP _____ Balance _____

Phone _____ Acct. No. _____

Name _____ Terms _____

Address _____ Credit Limit _____

City, State, ZIP _____ Balance _____

Phone _____ Acct. No. _____

Name _____ Terms _____

Address _____ Credit Limit _____

City, State, ZIP _____ Balance _____

Phone _____ Acct. No. _____

Please list the name of your bank for credit reference purposes:

Name _____ Address _____

City _____ State _____ ZIP _____

Phone _____ Account opened _____

Church Agreement

Terms of this account are net 30 days from date of invoice.

In the event that any lawsuit or action be instituted in the collecting of any dollar amount, the Purchaser agrees to pay in addition to the amount owed, all legal fees incurred, including a reasonable sum for attorney's fees at trial or on appeal, and also any collection agency fees that may be incurred to collect monies due.

Wm. B. Eerdmans Publishing Co. has the approval to verify the above information for the purpose of confirming church credentials and may contact the bank and suppliers for account information.

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms.

I certify that the information supplied on this application is accurate to the best of my knowledge.

Name _____ Title _____

Signature _____ Date _____

Treasurer Signature _____

Return completed form to: Credit Manager
Wm. B. Eerdmans Publishing Co.
2140 Oak Industrial Dr NE
Grand Rapids, Michigan 49505

email submissions: creditmanager@eerdmans.com *(note that email submissions cannot be guaranteed secure)*