

Confidential Credit Application

Billing Instructions	<p>Legal Name of Business _____ Doing Business as (if different) _____ Address _____ City/State/Zip _____ Telephone _____ Fax _____ SAN Number (if available) _____</p> <p>Billing Address (if different from above) _____ Accounts Payable Contact _____ Address _____ City/State/Zip _____ Telephone _____ Fax _____ E-Mail _____</p> <p>Shipping Address (if different from above) Address _____ City/State/Zip _____</p>																												
Ownership Information	<p>Type of Ownership ___ Sole Proprietorship SSN _____ Institution (School) _____ ___ Partnership/LLC _____ Church-Owned _____ ___ Corporation ___ For-Profit ___ Nonprofit Federal Employer I.D. # (FEIN) _____</p> <p>Date Established: Month / Year _____ Length Present Ownership / Mgmt: Years / Months _____ Owner / Manager / Partner Residence: Name _____ Position _____ Address _____ City/State/Zip _____ Telephone _____</p>																												
Bank/Credit References	<p>Bank Name _____ Checking Account Number _____ Address _____ City/State/Zip _____ Telephone _____ Contact Person _____</p> <p>Trade References (preferably publishers)</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Address</th> <th style="text-align: left;">Telephone</th> <th style="text-align: left;">Account #</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>If in business less than 2 years, give 2 personal credit references (mortgage, credit card, car loan)</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Address</th> <th style="text-align: left;">Phone</th> <th style="text-align: left;">Account #</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Address	Telephone	Account #	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Name	Address	Phone	Account #	_____	_____	_____	_____	_____	_____	_____	_____
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Sales Tax	<p>Illinois State Sales Tax Exemption (For shipments made to Illinois, sales tax will be collected unless certificate is attached. Certificates will apply to all orders placed unless such order indicates otherwise.) ___ Certificate of Resale ___ Nonprofit Tax Exempt Certificate Attached</p>																												

Additional Information

Type of Business

Retail Showroom or Store in Home
 Mail Order Other _____
 Academic Bookstore — Name of school affiliated with _____

Previous Year's Gross Sales _____ **Projected Sales for Current Year** _____
 Other Sources of Income _____

Store Hours: Days and Hours Open per Week

M T W Th F S Su From _____ to _____
 M T W Th F S Su From _____ to _____

Location of Store: Business District Covered Mall Store Size _____ Sq. Ft.
 Shopping Center Other _____
 Own Rent — Monthly Payment _____

The undersigned hereby makes this application for credit to InterVarsity Press ("Creditor"), and in making this application the undersigned agrees that all amounts payable on or before the due date as shown on each invoice will be paid, and if not paid on or before said date, are then delinquent. Should a credit availability be granted by Creditor, all decisions with respect to the extension or continuation of credit shall be at sole discretion of Creditor. Creditor may terminate any credit availability within its sole discretion. Additionally, the undersigned shall be responsible for all collection costs and attorney's fees in connection with any delinquent amount. Permission is granted to each of the above named references, to release information to InterVarsity Press for the purpose of granting credit.

ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND ANY ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

Dated _____ **Legal Name of Business** _____
Signature & Title _____
Print Name of Above _____