



Credit Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please Check One [ ] Corporation [ ] Partnership [ ] Individual Tax ID#: \_\_\_\_\_

Sq Ft of Store: \_\_\_\_\_ Annual Sales: \_\_\_\_\_ Year Opened: \_\_\_\_\_ Store Hours: \_\_\_\_\_
Optional

Name of Owner (s): \_\_\_\_\_ Title: \_\_\_\_\_
1. \_\_\_\_\_ 1. \_\_\_\_\_
2. \_\_\_\_\_ 2. \_\_\_\_\_

Bank References:

Name: \_\_\_\_\_ Account #: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade References: (Currently purchasing from)

Name: \_\_\_\_\_ Date: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Which of the following best classifies your store?

- [ ] Catholic Gift Store [ ] Church Goods Dealer [ ] Distributor [ ] Gift Store [ ] Shrine
[ ] Christian Book Store [ ] Direct Mail Catalog [ ] Funeral Distributor [ ] Non-Profit Fundraiser [ ] Other
Please specify

Which of the following trade organizations are you a member of? (Check all that apply)

- [ ] CBA - Christian Booksellers Association [ ] NCGA - National Church Goods Association [ ] Other
Please specify
[ ] CMN - Catholic Marketing Network [ ] RBTE - Religious Booksellers Trade Exhibit [ ] Other
Please specify

\*\*\*A PICTURE OF YOUR STORE IS REQUIRED WITH RETURN OF THIS APPLICATION\*\*\*

ORDER MINIMUM OF \$200.00 WHOLESALE ON INITIAL ORDERS; \$100.00 WHOLESALE ON ALL RE-ORDERS. INITIAL ORDERS MUST BE PRE-PAID BY CHECK \* VISA/MASTERCARD/AMERICAN EXPRESS \* OR SENT C.O.D.. IF NOT PRE-PAID, CREDIT APPROVAL MAY DELAY ORDER BEING SHIPPED UP TO 20 BUSINESS DAYS, FOR CREDIT CHECKS TO BE RETURNED AND ACCOUNT AUTHORIZED FOR TERMS.

OUR NORMAL TERMS: NET 30 DAYS

I/WE AUTHORIZE THE DISCLOSURE OF CREDIT INFORMATION TO MALHAME/REGINA PRESS FOR THE EXPRESS PURPOSE OF ESTABLISHING CREDIT TERMS

Signature: \_\_\_\_\_ Date: \_\_\_\_\_