



Confidential Credit Information Form

Name of Business: _____	Also known as: _____
SAN # _____	Parent Company: _____
Bill to:	Ship to: (if different)
Business Name: _____	_____
Address: _____	_____
City, State, Zip: _____	_____
Phone: () _____ Fax: () _____	() _____ Fax: () _____
Federal Employer's Identification # _____	Resale Tax Certificate # _____ REQUIRED
A/P Contact: _____	Buyer: _____
Email: _____	Web Address: _____

Application must be accompanied by a copy of your Resale Certificate in order to open an account.

Type of Business: Retail College / Seminary Bookstore Church Bookstore Other _____

Location: Zoned commercial? Yes No

Downtown/Primary Business District Enclosed Mall Strip Mall Free Standing Building Campus

In Church Other _____

Date Business Established (or will open), mo/yr: ____/____ Store Hours: ____ to ____ on (days) _____

_____ to ____ on (days) _____

_____ to ____ on (days) _____

Sales by Department: Books ____% Music ____% Other ____% Christian ____% Secular ____%

Sales Last Year \$ _____

CBA Member No Yes ID# _____ ABA Member No Yes ID# _____

Member of Parable Munce Buying Group _____

Structured as: Sole Proprietor Partnership Corporation (not for profit) Institution Owned

Owner / Partner #1 Partner #2

Corporation Officer #1 Corporation Officer #2

Principle Stockholder

Name: _____

Title: _____

Home Add: _____

City, St, Zip: _____

Home Phone: () _____ () _____

Other Businesses owner(s) participate in financially: _____

Have you or any of the above principles ever had a business failure or bankruptcy? Yes No

If yes, how was it resolved? _____

Bank: _____ Account # _____ Type: _____
 Contact Person: _____ Other Accounts: _____
 Address: _____ Phone: () _____
 City, St, Zip: _____

Trade Acct. Personal Credit (new store)
 Name: _____ Account # _____
 Address: _____ Phone: () _____
 City, St, Zip: _____

Trade Acct. Personal Credit (new store)
 Name: _____ Account # _____
 Address: _____ Phone: () _____
 City, St, Zip: _____

Trade Acct. Personal Credit (new store)
 Name: _____ Account # _____
 Address: _____ Phone: () _____
 City, St, Zip: _____

Do you want to receive monthly statements? Yes No
 Will you accept invoices, statements, letters and other documents electronically? Yes No

Permission is granted to each of the above references to release information to this company necessary for credit and trade establishment. I have read the NavPress Statement of Policy and understand each item. I agree to pay all invoices within terms of invoice date. This information is warranted to be true and complete to the best of my knowledge.

We reserve the right to require financial statements at anytime to continue extending credit.

DO WE HAVE YOUR PERMISSION TO CORRESPOND VIA EMAIL AND/OR FAX? YES NO

Dates in the month when checks are cut: _____

Signature _____ Title _____ Date _____

Print Name _____ Print Title _____

Signature _____ Title _____ Date _____

Print Name _____ Print Title _____

MAIL TO: NavPress Credit Dept. PO Box 35003 Colorado Springs, Colorado 80935

FAX TO: (719) 598-0749

QUESTIONS?: (800) 955-8882 PH