

πYWAM Publishing
PO Box 55787 Seattle, WA 98155
(425)771-1153 / Fax:(425)775-2383

Date: _____ Invoice # if applicable: _____
To: _____ Customer ID # _____
Attn: _____
Fax: _____
From: _____ - Customer Service Number of Pages (including cover sheet): _____

International Retail Credit Application

Please complete this credit application in order to establish an account with us. Your order will be released as soon as your application has been returned and approved. Thank you.

Customer Name: _____ Phone #: _____
Address: _____ City, State, Zip: _____
Person responsible for invoice (i.e. owner): _____
Address of responsible person: _____
Phone #: _____ Fax #: _____ Email: _____

Supply at least **three** businesses that we can contact for credit references, filling in the account number, **fax**, and phone numbers of the companies accounts receivable, that can provide your credit reference. Many companies will only provide references via fax.

Ingram/Spring Arbor #: _____ Fax #: (615) 213-4663 Phone #: 1 (800) 395-7234
Thomas Nelson Acct #: _____ Fax #: (615) 902-1752 Phone #: 1 (800) 251-4000
Gospel Light #: _____ Fax #: (805) 644-9721 Phone #: 1 (800) 235-3415

Other companies:
_____ Acct #: _____ Fax #: _____ Phone #: _____
_____ Acct #: _____ Fax #: _____ Phone #: _____
_____ Acct #: _____ Fax #: _____ Phone #: _____

Terms are net 90 days.

Buyer Name: _____ Signature: _____
Please Print

Office use:

Approved by: _____ Date: _____