



Gospel Light CONFIDENTIAL CUSTOMER PROFILE

BILLING INSTRUCTIONS

NAME OF BUSINESS: _____

Address: _____

City/State/Zip: _____

Telephone: () _____ FAX: () _____

BILLING ADDRESS, IF DIFFERENT FROM ABOVE: _____

Address: _____

City/State/Zip: _____

Telephone: () _____ FAX: () _____

SHIPPING ADDRESS, IF DIFFERENT FROM ABOVE: _____

Address: _____

City/State/Zip: _____

Telephone: () _____ FAX: () _____

INFORMATION

TYPE OF OWNERSHIP:

FEDERAL TAX I.D. #

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Sole Proprietorship S.S.# _____ Corporation Sub-S _____

Partnership _____ Corporation (not-for-profit) _____

Corporation (for profit) _____ Institution (college) _____

Church Owned _____

DATE BUSINESS OPENED: _____

LENGTH OF PRESENT OWNERSHIP/MANAGEMENT: _____

PRIOR OR EXISTING ACC'T. WITH GOSPEL LIGHT: Name _____ Account # _____

OWNER RESIDENCE:

OWNER RESIDENCE:

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: () _____

Phone: () _____

S.S.# _____

S.S.# _____

-----SIGNATURE IS REQUIRED ON LAST PAGE-----

REFERENCES

BANK NAME: _____ **ACCOUNT #:** _____
 Address: _____
 City/State/Zip: _____
 Telephone: () _____ Contact Person: _____

PUBLISHERS REFERENCES (LIST 3):

NAME	PHONE #	ADDRESS, CITY, STATE, ZIP	ACCOUNT #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

ANNUAL SALES INFORMATION:

Previous Year's Gross Sales: \$ _____ **Projected Gross Sales for Current Year:** \$ _____

PERSONAL CREDIT REFERENCES (IF NEW BUSINESS):

NAME	PHONE #	ADDRESS, CITY, STATE, ZIP	ACCOUNT #
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL INFORMATION

TYPE OF BUSINESS: Retail College Bookstore Church Bookstore
 Internet Bookstore Distributor Mail Order/Rack Jobber Other _____
MEMBER CBA Yes No
MEMBER ABA Yes No
SALES TAX NUMBER MANDATORY: _____ **STORE SIZE:** _____ sq. ft.
STORE HOURS: Total Hours Open Per Week: _____
 Business District Covered Mall Shopping Center In a Church Other _____

Our terms are net 90 days. A service charge of 1 1/2% per month if the invoices become past due. Accounts 30 days and older are closed to further shipments unless satisfactory payment has been received. You are responsible for all collection fees, court costs and attorney fees necessary to clear your account. Your signature indicates your acknowledgment of these terms. Without your signature on this application an account can not be opened.

You further authorize your bank and publisher references listed on this application to give Gospel Light Publications any information necessary to assist in establishing credit with Gospel Light Publications.

COMPANY: _____

OWNERS SIGNATURE: _____

PRINT OWNERS NAME _____

TITLE: _____

DATE: _____

I HEREBY CERTIFY,

That I hold a valid seller's permit No. _____ State: _____
issued pursuant to the Sales and Use Tax law; that I am engaged in the business of selling:

that the tangible property described herein which I shall purchase from GOSPEL LIGHT PUBLICATIONS will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased: _____

Dated: _____ Signature: _____

at: _____ By and Title: _____

Phone: () _____ Address: _____



Gospel Light

P.O. Box 7047 * Oxnard, CA 93031
(805) 644-9721 * Fax (805) 658-3388