

International Trade Application for Dealership



MYHEALTHYCHURCH



Influence



GOSPEL PUBLISHING HOUSE

Our goal is to give your prompt, uninterrupted service. To qualify for trade listing and credit privileges, please supply the following information. We assure you that we desire the following confidential information about your business only to assist us in serving you to your satisfaction.

Business Description

Name of Business _____ Phone Number(____)_____

Address _____ City _____ State _____ Zip _____

Country _____

Type of Business _____ Date established _____ Annual Sales _____

Name of Manager/Buyer _____ Home phone (____)_____

Home Address _____ City _____ State _____ Zip _____

Name of Accounts Payable Manager _____ Phone Number(____)_____

Email Address _____

Individual Business Partnership Corporation

Name and addresses of owner(s) or two partnership/corporation officers

Name _____ Phone Number(____)_____

Address _____ City _____ State _____ Zip _____

Name _____ Phone Number(____)_____

Address _____ City _____ State _____ Zip _____

Date Your Business Was Established _____ Retail License # _____

Are you a member of ICRS (International Christian Retail Show)? YES _____ NO _____

Type of Business,

Mark Which (X)

- Retail Store in Main Business District
- Full-Time Retail Store Outside Business District
- Full-Time Retail Store in Shopping Center
- Religious Book or Supply Department in Retail Store
- Web based site with shipping facility
- Book Table in Church or School
- College Bookroom/Bookstore
- Showroom or Store in Home
- Mail Order Business Only
- Traveling Book Table/Sales
- Book Distributor
- Other _____

Business Information

Sales Last Year \$ _____ Anticipated Sales this year \$ _____

Accounts Receivable \$ _____ Accounts Payable \$ _____

Rent per Month \$ _____ (Mark here _____ if you own building)

Do you require a **purchase order number** to appear on invoices? Yes No

If yes, be sure to supply a purchase order number when ordering. Otherwise, your order will be delayed until the purchase order number is supplied.

Business References

Name _____ Approximate Account Balance \$ _____
 Address _____ Account Number _____ Phone _____
 City _____ State _____ Zip _____

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TERMS OF CREDIT

Our terms are "net 60 days." An interest charge of 1% per month is added to accounts that become delinquent and could cause a delay in the shipment of your orders. Your signature indicates your acknowledgement of these terms. Without your signature, this application cannot be processed. You further authorize the business references listed on this application to give GCAG (DBA Gospel Publishing House, Influence Resources or My Healthy Church) any information necessary to assist in establishing credit with GCAG.

SIGNED _____ TITLE _____ DATE _____

GCAG
1445 Boonville Ave, Springfield, MO 65802



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