

Dear Friends,

Thank you for expressing interest in Moody Publishers products. Enclosed you will find the appropriate credit application and policies for your account. If you are interested in viewing our latest product catalog, you may e-mail your mailing address to mpcustomerservice@moody.edu, or visit our online catalog at www.moodypublishers.com.

Please provide all of the information requested on the credit application and include a copy of your tax exemption certificate. This information can be faxed to 1-800-678-3329 or 1-312-329-2144, or it can be mailed to:

Moody Publishers Customer Service
820 N. LaSalle Blvd.
Chicago, IL 60610

Our objective is to serve your organization by providing quality products that your customers will appreciate. If you have any questions, please feel free to contact us at 1-800-678-8812 or 1-312-329-2101.

Thank you,

Moody Publishers

International Bookstore Account Application

MOODY PUBLISHERS

Bill To: Account Name _____ Street Address _____ _____ City _____ State _____ Zip _____ Phone () _____ Fax () _____	Ship To: Account Name _____ Street Address _____ _____ City _____ State _____ Zip _____ Phone () _____ Fax () _____
Owner/Executive Officer (If partnership, please list name and address of partners):	
Owner _____ Address _____ _____ City _____ State _____ Zip _____	Store Manager _____ How many years owned? _____
Number of Store Employees: Full-time _____ Part-time _____	
Type of ownership _____	

OFFICE USE ONLY

Approved Rejected Reason _____ Date _____

Territory _____ Mail Code _____ Discount Code _____

Account # _____ Credit Limit \$ _____

Acceptance or rejection letter sent? ()

Return application to:
 Moody Publishers, New Accounts
 820 N. LaSalle Blvd, Chicago, IL, 60610
 Phone: 1-800-678-8812 Fax: 1-800-678-3329
 1-312-329-2101 1-312-329-2144

Have you ever applied for an account before? _____ Yes _____ No

If yes, under what name? _____

What is the square footage of store display space? _____

Current inventory \$ _____ US Dollars (USD) (Approximate)

Is your store a member of one of the following buying groups? (Circle one)

Parable / Munce / Covenant

Is your store a member of ICRS (International Christian Retail Show)? _____ Yes _____ No

Type of Business?

() Retail () College () Other (describe) _____

Sales Tax # _____ SAN # _____

(please include a copy of your tax exemption certificate or resale certificate)

What percent of store business is due to book sales? _____%

What percent of store business is due to Bible sales? _____%

What was the first year of store operation? _____ (date) Sales \$ _____ USD

Sales last year \$ _____ USD Anticipated sales this year \$ _____ USD

What would you anticipate your annual purchases to be from Moody Publishers?

\$ _____ USD (your cost)

Store Hours:

S M T W Th F S From _____ To _____

S M T W Th F S From _____ To _____

Briefly describe the market area you will serve:

From what distributor of Moody Publishers products do you currently purchase our product?

List of Credit References (US Companies Preferred)		
1	Acct #:	
	# of Years:	
	Phone:	Fax:
2	Acct #:	
	# of Years:	
	Phone:	Fax:
3	Acct #:	
	# of Years:	
	Phone:	Fax:

Bank Name _____

Bank Account Number _____ Phone Number () _____

Contact Person/Title _____

Address _____

City _____ State _____ Zip _____

I understand that your terms are net/90 days and that my account is subject to a late charge of 1% per month on all past due amounts. Furthermore, I understand that my orders will not be shipped if my account is past due.

Undersigned agrees to accept responsibility for all legal fees or costs involved in collection of account. I have read and do accept the credit terms.

Signed (Owner) _____ Date _____

(Inclusion of a financial statement with this application will expedite in setting up your account; any such statement will be kept strictly confidential.)

Bank Release Form

Please give to Moody Publishers, a division of Moody Bible Institute, 820 North LaSalle Blvd, Chicago, IL, 60610, such information that it may desire in regard to my accounts. This request is made for the purpose of establishing credit relations. Thank you.

(Signature as it appears in record)

Bank Name _____

Account Numbers: Savings _____ Checking _____ Loan _____

Business Name _____

Address _____

City _____ State _____ Zip _____