



Regular Baptist Press
 1300 North Meacham Rd.
 Schaumburg, IL 60173-4806

CONFIDENTIAL DEALER CREDIT APPLICATION

BILLING INFORMATION

NAME OF BUSINESS _____
 Address _____
 City/State/Zip _____
 Telephone Number () _____ Fax () _____
 E-mail Address _____

BILLING ADDRESS, IF DIFFERENT FROM ABOVE
 Address _____
 City/State/Zip _____
 Telephone Number () _____ Fax () _____

SHIPPING ADDRESS, IF DIFFERENT FROM ABOVE
 Address _____
 City/State/Zip _____
 Telephone Number () _____ Fax () _____

OWNERSHIP INFORMATION

TYPE OF OWNERSHIP
 Corporation Sub-S _____
 Sole Proprietorship SSN _____
 Corporation (not-for-Profit) FEI _____
 Corporation (For profit) FEI _____
 Partnership
 Institution (college)
 Church Owned

DATE BUSINESS WAS ESTABLISHED: MONTH _____ YEAR _____
 LENGTH OF PRESENT OWNERSHIP/MANAGEMENT _____

OWNER/MANAGER/PARTNER RESIDENCE
 Owner's Name _____
 Address _____
 City/State/Zip _____
 Telephone Number () _____

REFERENCES

BANK NAME _____ ACCOUNT NUMBER _____
 Address _____
 City/State/Zip _____
 Telephone Number () _____ CONTACT PERSON _____

TRADE REFERENCES (LIST 3)			
NAME	CITY/STATE/ZIP	ACCOUNT #	CREDIT LIMIT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REVENUE INFORMATION

ANNUAL SALES INFORMATION

Previous Year's Gross Sales _____

Projected Gross Sales for Current Year _____

ACCOUNTS PAYABLE _____ NOTES PAYABLE _____

Personal Credit References (LIST 2) - If this is a new business, complete the following:

NAME	CITY/STATE/ZIP	ACCOUNT #	CREDIT LIMIT
_____	_____	_____	_____
_____	_____	_____	_____

OTHER SOURCES OF INCOME _____

ADDITIONAL INFORMATION

TYPE OF BUSINESS

- Retail
- College
- Other _____

SALES TAX NUMBER _____ STORE SIZE _____ sq. ft.

STORE HOURS

Days and Hours Open per Week

M T W TH F S S From _____ to _____

M T W TH F S S From _____ to _____

EMPLOYEES: Number of Full-time, Salaried Employees _____

LOCATION OF STORE

- Business District
- Covered Mall
- Shopping Center
- Other _____

Do you own or rent your property?

- Own
- Rent or lease Monthly Payment \$ _____

Do you have an outdoor sign visible to the public? Yes No

Attach photos of interior & exterior of store.

Your application cannot be processed without all requested information.

AGREEMENT TO TERMS (to be completed by all applicants)

I understand that all invoices are due within 30 days of invoice date, and that if there are any charges more than 60 days old, succeeding orders will not be filled until the delinquent account is paid in full. Completion of application does not constitute approval. Approval will be issued upon successful follow-up of given information.

Date _____ Signed _____

Name _____

WEB Title _____