



# APPLICATION FOR CREDIT & TRADE RECOGNITION

Please complete ALL of the following information to open your account. CBA member may attach the CBA standard application form in lieu of completing corresponding areas of this form. Signature of this form is required.

## GENERAL INFORMATION

**BILL TO:** \_\_\_\_\_  
DBA \_\_\_\_\_  
Street or P.O.Box \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

**SHIP TO:** \_\_\_\_\_  
DBA \_\_\_\_\_  
Street or P.O.Box \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

## PROPRIETOR, PARTNERS, OR CORPORATE OFFICERS

PLEASE PROVIDE YOUR HOME ADDRESS.

Name (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
Title \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Social Security No. \_\_\_\_\_

## BUYERS AND OTHER CONTACTS

Music buyer \_\_\_\_\_ Book buyer \_\_\_\_\_ Payables \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

## DESCRIPTION OF BUSINESS (This information is required, please complete all areas)\*

### TYPE OF BUSINESS:

- Christian retail store
- General music and/or book store
- E-tailer/Webstore  Mail order
- Distributor  Other \_\_\_\_\_

### BUSINESS INFORMATION

Open \_\_\_\_\_ days weekly Established \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Store hours \_\_\_\_\_ to \_\_\_\_\_ Annual sales \_\_\_\_\_  
Visible street sign (Y/N) \_\_\_\_\_ Christian product % \_\_\_\_\_  
No. of Employees \_\_\_\_\_ Square footage \_\_\_\_\_

Affiliations:  CBA  Parable  Munce  NARM  Other \_\_\_\_\_  
Form of Business:  Proprietorship  Partnership  Corporation  LLC

\*Business information on reverse **MUST** be completed.

## RESALE CERTIFICATE

The above company ("Reseller") hereby certifies that it holds valid state tax number \_\_\_\_\_ issued by the state of \_\_\_\_\_ (attach list for additional states). That it is engaged in the business of selling retail merchandise and that the tangible personal property purchased from Capitol Christian Distribution will be resold by it in the form of tangible personal property. In the event that any of the above described property is not resold and is not held by Reseller for retention, demonstration, or display for sale in the regular course of Reseller's business, Reseller will report the use of such property to the appropriate tax authorities and will pay all required sales and use taxes relating to the purchase of such property.

## BANK AND TRADE REFERENCES

Bank \_\_\_\_\_ Bank Account No(s): \_\_\_\_\_ / \_\_\_\_\_  
Bank Contact \_\_\_\_\_ Relationship:  Business Checking  Savings  Lending  
Phone (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

## BUSINESS TRADE REFERENCES. PLEASE CHECK ALL THAT APPLY (ACCOUNT NUMBERS REQUIRED).

PLEASE PROVIDE AT LEAST THREE REFERENCES.

<input type="checkbox"/> Word _____ Account No. _____	<input type="checkbox"/> Ingram / Arbor _____ Account No. _____	Other (2) _____
<input type="checkbox"/> Provident _____	<input type="checkbox"/> STL _____	Account No. _____
<input type="checkbox"/> Harper Collins _____	Other (1) _____	Phone (_____) _____
<input type="checkbox"/> Tyndale _____	Account No. _____	Other (3) _____
<input type="checkbox"/> LifeWay/B&H _____	Phone (_____) _____	Account No. _____
		Phone (_____) _____

## FINANCIAL INFORMATION

### TRADE CREDIT ACCOMMODATION REQUESTED (ONE):

- Prepaid  EZFastPay ACH  EZFastPay Card  Normal credit terms

ANY FINANCIAL STATEMENTS SUBMITTED WITH THIS APPLICATION WILL FACILITATE THE APPROVAL OF YOUR ACCOUNT AND WILL BE KEPT STRICTLY CONFIDENTIAL.

Permission is herewith granted to obtain credit information from all listed references, including our bank. The undersigned consents to Capitol Christian Distribution ("CCD") obtaining consumer credit information on the undersigned for the purpose of evaluating the credit worthiness of the business listed above. All financial information in support of this credit application is true and complete in all respects. Our account is subject to a late charge of 1.5% per month (18% per annum) on all past due invoices. Furthermore, I understand that our orders may not be shipped if our account is past due, that any collection fees (including attorney fees) and related costs will be borne by our account, and that all decisions with respect to the extension or continuation of any credit accommodation is in the sole discretion of CCD. I have received a copy of CCD's Trade Policies & Procedures and agree to abide by them now and as they may be amended from time to time. I assume personal and individual responsibility and liability, and guarantee payment of all obligations due and payable to CCD, and its successors or assigns, by the business listed herein.

Signature of Proprietor, Partner, or Corporate Office \_\_\_\_\_ Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_

**SELF MAILING  
INSTRUCTIONS**

- FOLD ON LINES BELOW
- SEAL WITH TAPE
- MAIL - NO POSTAGE STAMP NECESSARY

Return Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO 188 BRENTWOOD, TN

POSTAGE WILL BE PAID BY ADDRESSEE

CAPITOL CHRISTIAN DISTRIBUTION  
ATTN CREDIT SERVICES  
PO BOX 5084  
BRENTWOOD TN 37024-9855



**BUSINESS INFORMATION ADDENDUM**

**NARRATIVE BUSINESS DESCRIPTION:** \_\_\_\_\_

**PRESENT ONE-STOP DISTRIBUTORS:**  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

**IF BUSINESS IS A DISTRIBUTOR, TO WHAT TYPES OF BUSINESSES DO YOU DISTRIBUTE?:** \_\_\_\_\_

**WHAT SPECIFIC PRODUCTS, IF ANY, DO YOU PLAN TO PURCHASE IMMEDIATELY IF YOUR ACCOUNT IS OPENED?:**

\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS WEBSITE URL:** \_\_\_\_\_