



Regular Baptist Press
 3715 N Ventura Drive
 Arlington Heights, IL 60004

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 Other _____

College

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 and 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 _____

Title _____