



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: _____