UMS CREDIT APPLICATION

PROFILE

CHURCH OR BUSINESS NAME	WEB SITE
MAILING/BILLING ADDRESS	SHIPPING ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
BILLING CONTACT NAME	MAIN CONTACT NAME
BILLING EMAIL	MAIN CONTACT EMAIL
BILLING TELEPHONE FAX	MAIN CONTACT TELEPHONE FAX

CREDIT APPLICATION

COMPANY IS A ☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP **FED. ID #/S.S#** _____

PRESIDENT			
OWNER/CFO			
ACCOUNTS PAYABLE	PHONE	FAX	EMAIL
DATE BUSINESS ESTABLISHED	SIC CODE	HOW LONG AT PRESENT LOCATION	
TYPE OF BUSINESS		HOW MANY EMPLOYEES	

D & B LISTED ☐ YES ☐ NO IF LISTED - RATING FINANCIAL STATEMENT AVAILABLE ☐ YES ☐ NO IF YES, PLEASE ATTACH COPY

LIST COMPLETE NAMES AND ADDRESSES OF OTHER TRADE SUPPLIERS

TRADE SUPPLIERS NAME	CITY/STATE/ZIP	EMAIL OR FAX NUMBER REQUIRED
1)		
2)		
3)		

FURNISH NAME AND ADDRESS OF BANK REFERENCES, AND NAME OF BANK CONTACT

BANK NAME	CITY/STATE/ZIP	CONTACT	PHONE	FAX
1)				
2)				

TOTAL SALES VOLUME OF YOUR COMPANY		
ESTIMATED VOLUME OF YOUR ICON/BOOK PURCHASES THIS YEAR	NEXT YEAR	CREDIT LIMIT/TERMS REQUESTED

SALES TAXES WILL BE CHARGED IN APPROVED STATES. IF TAX EXEMPT, PLEASE ATTACH YOUR TAX EXEMPTION CERTIFICATE.

CONFIRM

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT (must be signed by officer/owner or accounts payable)

SIGNED BY		
PRINTED NAME	TITLE	DATE

Past due accounts placed in Collections will incur collection fees ** You will be required to pay these fees to reopen your account.

PLEASE RETURN FORM COMPLETED AND SIGNED TO: UNCUT MOUNTAIN SUPPLY 1510 Mojonnier Road, Walla Walla, WA 99362