



# CHRISTIAN LIBERTY PRESS

502 West Euclid Avenue, Arlington Heights, Illinois 60004-5402  
custserv@christianlibertypress.com • (800) 348-0899 • www.shopchristianliberty.com

A MINISTRY OF THE CHURCH OF CHRISTIAN LIBERTY SINCE 1984

## PREPAID ACCOUNTS APPLICATION

Revised – March 15, 2018

*please print clearly*

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country (if other than the United States) \_\_\_\_\_ Fax \_\_\_\_\_

Shipping Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country (if other than the United States) \_\_\_\_\_

Years in Business \_\_\_\_\_

Company is seeking to become a:

Distributor  
Customer<sup>1</sup>

School-Church  
Customer<sup>2</sup>

*continued on next page*

<sup>1</sup> Include a copy of your resale certificate with this application.

<sup>2</sup> Include a copy of your business certificate and/or your tax exempt letter with this application.

Company Name \_\_\_\_\_ Date \_\_\_\_\_

**CONTACT INFORMATION**  
*Company Directors / Officers / Buyer / Principal*

**Name 1** \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Name 2** \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Name 3** \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**TERMS AND CONDITIONS**

I have read and understand Christian Liberty Press's general policies surrounding my customer type as presented—

for Distributor Customers:

<<http://www.shopchristianliberty.com/content/distributors/Distributor%20Policies.pdf>>;

for School-Church Customers:

<<http://www.shopchristianliberty.com/content/distributors/School-Church%20Policies.pdf>>.

Applicant's Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_