

759 E. Liberty St.  
Hubbard, Ohio 44425

PH 888-623-5539  
FAX 330-534-4525

### APPLICATION FOR CREDIT

PLEASE INCLUDE ACCOUNT OR CUSTOMER NUMBERS FOR ALL CREDIT REFERENCES. PLEASE PROVIDE COMPLETE ADDRESSES. FAILURE TO LIST YOUR CUSTOMER OR ACCOUNT NUMBER WILL AUTOMATICALLY STOP THE PROCESSING OF YOUR APPLICATION. YOUR APPLICATION WILL BE RETURNED TO YOU FOR ADDITION OF THESE NUMBERS.

THANK YOU FOR YOUR HELP.

SPIRITUAL COLLECTIONS

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

Type of Business \_\_\_\_\_ Yr.

Established \_\_\_\_\_

Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Sole

Prop \_\_\_\_\_

Estimated Credit Limit Requested \_\_\_\_\_  
If None Requested  
Minimum Will Be Assigned \_\_\_\_\_

Sales Tax ID # \_\_\_\_\_ Social Security # \_\_\_\_\_

Names and Titles of Officers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Persons to contact regarding Account: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Credit References:** 1. \_\_\_\_\_ Acct. # \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

2. \_\_\_\_\_

Address \_\_\_\_\_ Acct. # \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

3. \_\_\_\_\_

Address \_\_\_\_\_ Acct. # \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Bank Reference:** \_\_\_\_\_

Address \_\_\_\_\_ Acct. # \_\_\_\_\_

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Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

**AUTHORIZATION**

This or any copy hereof, will authorize the addressed company, individual or institution to furnish Spiritual Collections, with any information they have concerning me, which they have on record or otherwise. This also releases the addressed company, individual or institution, all individuals connected therewith, including Spiritual Collections from all liabilities and any damage whatsoever incurred in furnishing such information.

Terms are **NET 30 DAYS** from date of Invoice. Any portion of the invoice amount, which has not been paid within thirty days of the invoice date, will accrue a service charge at the rate of 1.5% per month (18% APR). If payment becomes delinquent and requires collection, customer is responsible for all collection and attorney fees. Please indicate your personal assurance of payment within these terms by signing this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

