



Trade Application

COMPANY INFORMATION

Full Legal Name: _____
 DBA (If Applicable): _____
 Company Type Physical Store Web Store
 Owner's Name _____ Street Address _____

BILLING/SHIPPING/BUYER INFORMATION

	BILLING CONTACT/ADDRESS	SHIPPING CONTACT/ADDRESS	BUYER CONTACT/ADDRESS
First & Last Name	_____	_____	_____
Phone	_____	_____	_____
Fax	_____	_____	_____
Email Address	_____	_____	_____
Address Line 1	_____	_____	_____
Address Line 2	_____	_____	_____
City	_____	_____	_____
State	_____	_____	_____
Country	_____	_____	_____
ZIP Code	_____	_____	_____

ORDERING INFORMATION

Back Orders Accepted? Yes No
 Special Instructions _____

RESELLERS / NONPROFIT REGISTRATION INFORMATION

Please Include A Copy Of Your State Issued Resellers Or Sales Tax Exempt Number
 Reseller's or Sales Tax Exempt Certificate Number _____

PAYMENT OPTIONS

American Express/Visa/Mastercard/Discovery Wire/ACH Net 30 Terms (Please Provide Bank/Reference Information Below)

INFORMATION FOR ESTABLISHING TERMS

	REFERENCE 1	REFERENCE 2	REFERENCE 3
Name	_____	_____	_____
Account No.	_____	_____	_____
Contact	_____	_____	_____
Phone	_____	_____	_____
Email	_____	_____	_____

SIGNATURE

By Signing Below, I Acknowledge That I Have Read And Agree To The Policies And Terms Of Christian Art Gifts, Inc.

 SIGNATURE PRINT NAME TITLE DATE