



FOR OFFICE USE ONLY

Account Number: \_\_\_\_\_

Credit Limit: \_\_\_\_\_

Please provide the following information:

**BILLING INFORMATION:**

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**SHIPPING INFORMATION:**

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

Shipping Address: \_\_\_\_\_

(No PO Box please)

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

E-mail: \_\_\_\_\_

Buyer: \_\_\_\_\_

**MISC. INFORMATION:**

State Resale / Vendor's License # \_\_\_\_\_

*(Please provide a copy of your Vendor's License with this form)*

Type of Business: ☐ Retail Gift Store ☐ Internet Sales ☐ Wholesaler ☐ Other

Ownership: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Church Owned

Number of Years in Business: \_\_\_\_\_

Owner's Name(s): \_\_\_\_\_

**CREDIT REFERENCES:**

Please provide three (3) business credit references *(Company name, address, fax, your account number)*

1. \_\_\_\_\_

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

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

To open a wholesale account with Gannon's Prayer Card Co. please mail or fax

☐ This completed reference form

☐ A copy of your STATE VENDOR'S / RESALE LICENSE