

CHURCH or ACCOUNT NAME _____

CHURCH INFORMATION (informational / required in order to extend billing rights)

1. CHURCH PHYSICAL ADDRESS

ADDR _____
 ADDR2 _____
 CITY _____ ST _____ ZIP _____

Church office days/hrs: _____

Church phone #: _____

Preferred method of contact:

☐ Email ☐ Phone

2. CHURCH-owned MAILING ADDRESS

☐ NO MAILING ADDRESS

ADDR _____
 ADDR2 _____
 CITY _____ ST _____ ZIP _____

Pastor Name: _____

Church email addr: _____

Would you like to receive product updates or specials at this email address?

☐ YES ☐ NO (OPT-OUT)

ADDRESS INFORMATION (Where do we send billings and shipments?)

3. BILLING INFORMATION (Please indicate any C/O info)

\$5 monthly fee for paper invoices and statements if no email is provided

ADDR or name _____
 ADDR2 _____
 CITY _____ ST _____ ZIP _____

4. SHIPPING INFORMATION (Please indicate any C/O info)

ADDR or name _____
 ADDR2 _____
 CITY _____ ST _____ ZIP _____

Email where invoices and statements can be sent: _____

CONTACT INFORMATION (minimum of 2 contact name/numbers required to extend billing rights - must be **separate** households)

Financial contact: _____ Phone _____ Phone2 _____
☐ Church ☐ Cell ☐ Church ☐ Cell
 Email _____ ☐ Opt-out ☐ Home ☐ Work ☐ Home ☐ Work

Ordering contact: _____ Phone _____ Phone2 _____
☐ Church ☐ Cell ☐ Church ☐ Cell
 Email _____ ☐ Opt-out ☐ Home ☐ Work ☐ Home ☐ Work

Secondary contact: _____ Phone _____ Phone2 _____
if needed
☐ Church ☐ Cell ☐ Church ☐ Cell
 Email _____ ☐ Opt-out ☐ Home ☐ Work ☐ Home ☐ Work

MISCELLANEOUS INFORMATION (Additional emails, special account instructions / requests)

PLEASE SEND COPY OF YOUR SALES TAX EXEMPTION CERTIFICATION ALONG WITH THIS BILLING APPLICATION

Please note, we will not be able to issue credits for sales tax charged.

Payment Terms: The amount due on your account will be payable in full within 30 days of invoicing date. If payment is not received within 30 days of billing, a service charge of 1.5% may be added to the account for each period the payment is late. Accounts more than 60 days past due will be put on hold until the account is paid in full

Subscription Terms: All subscription cancellations or changes require a 90-day notice.

The signature below represents and warrants that (a) the party signing is an authorized representative of the church; (b) that the information presented here is complete and accurate; and (c) if the information above changes at any time, this change will be given to Warner Press as soon as possible. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement.

Authorization given by (printed name) _____ Title _____

Authorizing signature _____ Date _____

Please keep a copy of this signed form for your records.

Warner Press Use: ☐ Church Direct ☐ WWB Account # _____ Initials _____