

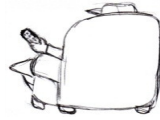
EXTRA POINT PUBLISHERS

Credit Sheet

Daily Devotions for Die-Hard Fans

P.O. Box 871, 315 Hampton Court., Perry, GA 31069

Phone: (478) 224-3267 Fax: (478) 218-0306



Date: _____

Sales Rep: _____

Bill To:

Name of Business: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Ship To: (if different)

Name of Business: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Business Ownership:

Structured As: Sole Proprietorship Partnership Corporation Not-for-Profit Other _____

Sales Tax Resale #: _____ Corporation FIN: _____ State of Corporation: _____

Owner Name: _____ Date of Ownership: _____

Home Address: _____ In Business Since: _____

City, State, Zip: _____ No. of Employees: _____

Telephone Number: _____ Previous Bankruptcy? _____

Business Finances:

Name of Bank: _____ Account Number: _____

Address: _____ Type of Account(s): _____

City, State, Zip: _____ Annual Gross Sales: _____

Telephone Number: _____ Own or Rent Building? _____

Trade References:

Name of Reference #1: _____ Name of Reference #2: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Telephone Number: _____ Telephone Number: _____

Account Number: _____ Account Number: _____

Authorization to Release Credit Information:

I hereby authorize clients of Extra Point Publishers to contact the above listed bank and suppliers as part of their standard credit investigation. I further authorize any bank, credit bureau, credit organization, or company to give any information it has on record on me or my business, or on the officers of the company, if deemed necessary, to use in opening an account for me. A facsimile or photocopy of this authorization shall be as valid as the original, and a copy is available upon request. I, the undersigned, under penalty of perjury, swear that all information contained in this application is true and correct. I acknowledge a returned check (N.S.F.) may result in \$25.00 or more assessment and subsequent P.O.D. / C.O.D. status. I agree to pay all balances in full within the terms state at the time of purchase. I also agrees to accept responsibility for all additional fees and costs involved in collection of past due balance, and certify that there is currently no litigation pending against us. In the event of nonpayment, I agree to pay all costs of collection, including agency fees, court costs, attorney fees, etc. I also personally guarantee any indebtedness entered into with Extra Point Publishers.

Signature

Date

Title