



INVITATION TO OPEN A CHURCH ACCOUNT (Simulcast)

CHURCH INFORMATION			
Name of Church / Ministry or Organization		Email Address:	
Name of Association or Sponsoring Church: (if affiliated with SBC)		Applicant Website Address:	
Church Physical Address		Telephone No. ()	
City		Fax No.	
State		Zip Code	
Send statement to: (mailing address)		Telephone No. ()	
Address		City	
State		Zip Code	
Pastor or Minister		Telephone No. ()	
Address		City	
State		Zip Code	
Treasurer		Telephone No. ()	
Address		City	
State		Zip Code	
Trustee or Chairman of Deacons		Telephone No. ()	
Address		City	
State		Zip Code	
*Credit Reference (1)		Acct Number	
Address		Telephone No. ()	
City		State	
Zip Code		Acct Number	
*Credit Reference (2)		Telephone No. ()	
Address		City	
State		Zip Code	
Meeting Place		If Owned, Approximate Valuation	
Own:		Rent:	
Established Since		Average Attendance	
		Average Weekly Offering	
Comments			
*Please indicate a 4 digit PIN Number if desired. (See enclosed letter for details) PIN# _____			
Everything stated above is correct. LifeWay Christian Resources is authorized to check credit references listed above and provide credit references to other vendors concerning this account. Terms are Net 30. A late fee of \$10.00 per month will be calculated at 60 days from invoice date. If account is not paid within the above terms, credit privileges may be suspended without further notification. If account is not paid in full and is placed with an attorney or collection agency, debtor agrees to pay attorney fees and court costs.			
Authorized By (Signature)			Date