

CHURCH ACCOUNT FILE INFORMATION

(please print and complete in detail)

Internal Use Only

Account Number: _____

Date Received: _____

Date: _____

Tax Exempt Number: _____

Billing Address for Orders:

Shipping Address for Orders (if different):

Name of Congregation: _____

Please include any necessary identifiers (i.e. **Jamestown** Church of... or ...**at Second Ave.**, etc.).

Street Address: _____

Mailing Address (if different): _____

City, State, Zip: _____

Phone Number(s) with Area Code: _____

Minister's Name: _____

Home Address: _____

City, State, Zip: _____

Phone Number(s) with Area Code: _____

Treasurer's Name: _____

Home Address: _____

City, State, Zip: _____

Phone Number(s) with Area Code: _____

Buyer's Name: _____

Home Address: _____

City, State, Zip: _____

Phone Number(s) with Area Code: _____

Your Name (required): _____

Phone Number(s) with Area Code: _____

Thank you for completing the above information at your earliest convenience and returning or faxing it to:

2809 Granny White Pike
P. O. Box 40526
Nashville, TN 37204-0526



Nashville 615-383-3842
Nationwide 800-251-2477
Fax 615-292-5983