

# 1517 Media

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Fortress Press  
Sparkhouse  
Sparkhouse Family Bookfairs

P.O. Box 1209  
Minneapolis, MN 55440-1209  
Phone (612) 330-3300  
Fax (612) 330-3196  
[credit@1517.media](mailto:credit@1517.media)

## CONFIDENTIAL

## CREDIT APPLICATION FOR CHURCH OR ORGANIZATION

### BILLING ADDRESS

CHURCH / ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
DENOMINATION \_\_\_\_\_ APPROX # OF ATTENDEES \_\_\_\_\_

### SHIPPING ADDRESS (if different from above)

NAME \_\_\_\_\_ ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ CONTACT EMAIL \_\_\_\_\_

### EMAIL ADDRESSES

MAIN CHURCH \_\_\_\_\_  
PASTOR \_\_\_\_\_  
TREASURER \_\_\_\_\_  
OTHER \_\_\_\_\_ TITLE \_\_\_\_\_

**ATTACH A COPY OF YOUR STATE ISSUED TAX EXEMPT CERTIFICATE**

I understand that terms are 30 days from date of invoice (unless noted otherwise).

SIGNATURE \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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