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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 SALES TAX EXEMPT CERTIFICATE

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

SIGNATURE _____ Title _____ Date _____

PLEASE RETURN TO: CREDIT@AUGSBURGFORTRESS.ORG

FOR INTERNAL USE ONLY

Account Number	Approval Date	Approved By	Limit	Tax Exempt Certificate Provided