



BUSINESS IDENTITY FORM

Date Applied: _____

Application by (retailer) _____ for account with
 (supplier) CATHOLIC PRODUCTIONS, LLC

Business Information

Name of Business:
Parent Corporation, if applicable:
Owner and Manager:
Federal Employer's Identification #:
Office Location:

State Sales Tax Registration Certificate #:

Contacts and Billing/Shipping Information

Preferred Shipping Method (FEDEX, UPS, ETC.):
Shipping Account #, if applicable (with FEDEX, UPS, ETC.):
Request (check off): No Backorders, unless otherwise indicated on order Backorders desired
Billing and Shipping Address:

Office Phone: _____ **Office Fax:** _____
Web: _____ **Email:** _____
Accounts Payable Manager: _____
Buyers who will be signing order form: _____

Business Ownership

Structured As (e.g., LLC, Corp., Non-Profit, etc.):
President of Board, if applicable:
Owner(s):
Home Address of President or owner(s):

Catholic Productions, LLC • 201 Milling Ave. • Suite 102 • Luling, LA 70070
 Phone: (985) 308-0100 / Fax: (504) 617-6320
www.Catholic-Productions.com

Corporate Officers, if applicable:

Has any officer/owner(s) ever been involved in business failure or bankruptcy? ____ Yes ____ No

Business Description

Type of Business:

Type of Location (e.g., mall, isolated building, etc.):

Date Established:

Square Footage:

Store Hours:

Annual Gross Sales of previous year:

Projected Sales of present year:

Employees:

Bank Reference

Bank:

Bank Location:

Phone:

Fax:

Account Number:

Banking Officer Contact:

Trade References (include contact information)

- 1.
- 2.
- 3.

To the best of my knowledge, the information provided in this application is complete and accurate. I understand that this information has been provided to you for the purpose of confirming the location and legitimacy of the company stated above and you are authorized to contact other vendors and trade references for this purpose.

Authorized Signature _____ Date _____

Business Name _____ Title _____