

Account Number: _____

FAMILY CHRISTIAN STORES REQUEST FOR ACCOUNT UPDATE

If you wish to make changes on your Family Christian Stores' account, please include your **account number**, **Church name**, **address**, and an **authorized signature**. We will need this information before any changes will be made on your account.

CHURCH NAME: _____

CHURCH ADDRESS: _____

EMAIL ADDRESS: _____

WEBSITE: _____

PLEASE INDICATE BELOW ANY OTHER AREAS WHERE CHANGES ARE TO BE MADE:

STATE SALES TAX EXEMPT NUMBER: _____

AUTHORIZED PURCHASERS -- LIST ALL PURCHASERS AUTHORIZED TO USE THIS ACCOUNT:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CHURCH PHONE NUMBER: _____

FAX NUMBER: _____

Provide the name, address and the phone number (including area code) of the person with whom we should speak to regarding questions on your account.

Name: _____

Address: _____

Phone # _____ - _____ - _____

Email: _____

In submitting this Account Update, the undersigned agrees:

- 1) The person authorized to charge will receive a copy of the charge slip at the time of purchase.
- 2) This person is responsible for delivering this documentation to your organization's treasurer.
- 3) The persons listed above fully understand that the balance is due upon receipt of monthly statement.

Applicants signature

Title

Date

PLEASE RETURN THIS FORM TO FAMILY CHRISTIAN STORES' CORPORATE ADDRESS:

FAMILY CHRISTIAN STORES
ATTN: ACCOUNTS RECEIVABLE
5300 PATTERSON AVE SE
GRAND RAPIDS, MI 49530
or

Fax to (616) 554-8794