

## PREFERRED CUSTOMER CHURCH PROFILE

COMPANY NAME			
MAILING ADDRESS	CITY	STATE	ZIP
PHONE	FAX	EMAIL	
DENOMINATION	CURRENT CURRICULUM		
AVERAGE WEEKLY ATTENDANCE	WEBSITE ADDRESS		

**Individuals authorized to charge purchases to your account:**

NAME	TITLE/POSITION

**IMPORTANT:** Please provide the names of two individuals whom we may contact to obtain authorization:

NAME	DAY PHONE	EVENING PHONE

**CHURCH STAFF**

SENIOR PASTOR	CHILDREN'S COORDINATOR(S)
ASSOCIATE PASTOR	MISSION COORDINATOR(S)
CHILDREN'S PASTOR	SECRETARY
YOUTH PASTOR	VBS DIRECTOR
WORSHIP PASTOR	SS SUPERINTENDENT
ACCOUNTANT/BOOKKEEPER	