



## BUSINESS IDENTITY FORM

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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):**

Catholic Productions, LLC • PO Box 1257 • Boutte, LA 70039

Phone: (504) 305-1938 / Fax: (504) 617-6320

[www.CatholicProductions.com](http://www.CatholicProductions.com)

**Home Address of President or owner(s):**

**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 \_\_\_\_\_