



Celebrate Communion LLC
 1420 Marvin Rd. NE Ste C #425 Lacey, WA 98516
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 celebratecommunion.com

CUSTOMER INFORMATION FORM FOR CHURCHES

Name of church:			
Mailing address:	Street:		
	City:	State:	Zip:
Physical address:	Street:		
	City:	State:	Zip:
Church Phone:		Fax #:	
Church website:			
Accounts Payable contact name:			Phone #:
			Email:
Purchase Order Required	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pastor contact name:			Phone #:
			Email:
# of years in operation:			
Average weekly attendance:			

By completing this form, you are requesting a Net 30 billing account to be opened up in the church's name and payment will need to be made by check within 30 days of the date of the invoice. A confirming email will be sent after processing the form with more details.

Person completing this form to contact if there are questions:

_____ Phone# / Email

Please return completed form to above address, or e-mail to lori@celebratecommunion.com