

## Parish or Organization (Book Order) **ACCOUNT INFORMATION**

*Please sign, make a copy for your records, and return.*

### 1. Parish or Organization:

Parish/Organization Name \_\_\_\_\_

Person responsible for paying invoices \_\_\_\_\_

Organization's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Org. Day Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Org. Fax \_\_\_\_\_ Org. E-Mail \_\_\_\_\_

Diocese (if applicable) \_\_\_\_\_

Organization's Federal Tax ID Number\* \_\_\_\_\_

### 2. Billing Information: *Where should the invoices be sent? (Choose one option)*

**To the Parish/Organization** \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Organization's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Org. Day Phone \_\_\_\_\_ Org. Fax \_\_\_\_\_ Org. E-Mail \_\_\_\_\_

Organization's Federal Tax ID Number\* \_\_\_\_\_

Is Your Organization Tax-Exempt? Yes  No  Tax Exempt Number \_\_\_\_\_

**- OR -**

**To the Individual Responsible** \_\_\_\_\_

Social Security No.\* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

*\*We are required to have either the Federal Tax ID (for a church or organization) or a Social Security Number on file for all customers with accounts. All Parishes have this number even though they are tax-exempt. Ask your Parish Accountant for this number.*

### 3. Signature of person financially responsible for payment \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Maryland Sales & Use Exemption Certificate Number (if taking possession of crafts in Maryland) \_\_\_\_\_

Wisconsin Sales & Use Exemption Certificate Number (if taking possession of crafts in Wisconsin) \_\_\_\_\_

**Work of Human Hands**

**C/O SERRV International • P.O. Box 365 • 500 Main Street • New Windsor, MD 21776-0365**

**Phone: 1-800-685-7572 Fax: 1-888-294-6376**