

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

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