

CREDIT APPLICATION

Date _____ Account # _____ Rep. _____

Advertiser:

Name _____ Street _____ City _____ State _____ Zip _____ Phone _____

Billing Address (If different from above) _____
Street _____ City _____ State _____ Zip _____ Phone _____

Accounts Payable Contact & Phone number _____

Check One: Corporation () Partnership () Single Proprietorship ()

Tax Identification # or Social Security # _____

Corp. Officers & Titles _____

Partners: _____
Name _____ Residence Address _____ Phone _____

_____ Name _____ Residence Address _____ Phone _____

Type of Business: _____ How long in this business: _____

Previous Employment: _____
Name _____ Street _____ City _____ State _____ Zip _____ Phone _____

If affiliate, Parent Company Information:

_____ Name _____ Street _____ City _____ State _____ Zip _____ Phone _____

Newspaper or other media References:

_____ Name _____ Street _____ City _____ State _____ Zip _____ Phone _____

_____ Name _____ Street _____ City _____ State _____ Zip _____ Phone _____

Other References (Please do not use credit card or utility companies):

_____ Name _____ Street _____ City _____ State _____ Zip _____ Phone _____

_____ Name _____ Street _____ City _____ State _____ Zip _____ Phone _____

Bank Reference:

_____ Name _____ Street _____ City _____ State _____ Zip _____ Phone _____

Signed _____ Title _____ Date _____

FOR OFFICE USE ONLY

Business Code _____ TYP RE, CD or NA, NC _____ Default Tears _____