

**APPLICATION FOR CREDIT**

(Cash in advance is required until credit is approved.)

BUSINESS/CORPORATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ BILLING ADDRESS \_\_\_\_\_

\_\_\_\_\_ STREET \_\_\_\_\_ STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

<b>Amount of Credit Requested</b> Advertising \$ _____ Printing \$ _____	PHONE ( _____ ) _____ FAX ( _____ ) _____
	NAME & ADDRESS OF PARENT CO. _____
	_____

**COMPANY PROFILE** \_\_\_\_\_ Corporation \_\_\_\_\_ Limited Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Franchise

Date you started business or assumed control \_\_\_\_\_ Nature/Type of Business \_\_\_\_\_

No. of Employees \_\_\_\_\_ Name & Address of Previous Business or Employer \_\_\_\_\_

**Officers or Principals**

1. \_\_\_\_\_

Full Name _____	Title _____	SS# _____
Residence Address _____	City _____	State _____ Phone _____
Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/>	How Long? _____	Spouse's First Name _____

2. \_\_\_\_\_

Full Name _____	Title _____	SS# _____
Residence Address _____	City _____	State _____ Phone _____
Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/>	How Long? _____	Spouse's First Name _____

3. \_\_\_\_\_

Full Name _____	Title _____	SS# _____
Residence Address _____	City _____	State _____ Phone _____
Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/>	How Long? _____	Spouse's First Name _____

Has Corporation been registered with the Secretary of State? \_\_\_\_\_ State of \_\_\_\_\_

Date of Filing \_\_\_\_\_ Have you previously advertised with us? \_\_\_\_\_

Under what name? \_\_\_\_\_ A/C# \_\_\_\_\_ Date \_\_\_\_\_

**MEDIA/TRADE REFERENCES: (Newspapers, radio or TV stations, supplies, etc.)** Include FAX numbers if known.

Name _____	Street _____	City _____	State _____	Zip _____	Phone _____	Acct.# _____
Name _____	Street _____	City _____	State _____	Zip _____	Phone _____	Acct.# _____
Name _____	Street _____	City _____	State _____	Zip _____	Phone _____	Acct.# _____

**BANK REFERENCES:** Type: C-Checking S-Savings M-Mortgage/Loan CPD-Charge Plate Deposits

Name _____	Street _____	City _____	State _____	Zip _____	Phone _____	Acct.# _____
Name _____	Street _____	City _____	State _____	Zip _____	Phone _____	Acct.# _____

The above information is for the purpose of obtaining a credit account for printing and/or advertising and is warranted to be true. I agree to pay all bills upon receipt of invoice in accordance with your credit terms. Should it become necessary to institute collection proceedings, I agree to pay all costs incurred, including attorney's fee, whether or not suit is filed and further agree that venue and jurisdiction for such action will be Indiana County, Pennsylvania. I hereby authorize the person or firm to whom this application is made or any credit bureau or other investigative agency employed by such person to investigate the references hereon listed or statements and data obtained from me or any other person pertaining to my credit and financial responsibility. I certify that the information I am providing is true and correct.

\_\_\_\_\_  
 Signature of Officer or Principal                      Please Print Name                      Title                      Date

Account _____	Account _____	Approved Credit Limits _____
Rep _____	Number Assigned _____	Advertising \$ _____
Contract Type _____	Approved by _____	Printing \$ _____
Size _____	Date Approved _____	