

THE KEWASKUM STATESMAN

APPLICATION FOR CREDIT

Date: _____ Amount of Monthly Advertising _____

Firm Name: _____ Phone: _____

Address: _____ City State Zip: _____

Type of Business: _____ Federal ID or SS #: _____

Advertising Contact: _____ AP Contact: _____

Number of Years Est.: _____ Corporation Sol Prop. Partnership LLC

Branch Office or Division, Name of Parent Co. _____ Address Statements Should be Mailed if Different _____

INFORMATION ON OFFICERS, PARTNERS AND/OR PRINCIPALS

Name: _____ Home Phone: _____ Position: _____

Address: _____

Name: _____ Home Phone: _____ Position: _____

Address: _____

BANK REFERENCE

Name: _____ Account Number: _____

Address: _____ Phone: _____

NEWSPAPER OR OTHER BUSINESS REFERENCES

**** CREDIT WILL NOT BE APPROVED IF THIS SECTION IS INCOMPLETE ****

Name: _____ Phone: _____ Account #: _____

Name: _____ Phone: _____ Account #: _____

Name: _____ Phone: _____ Account #: _____

**** APPLICATION MUST BE SIGNED TO BE CONSIDERED ****

I/We _____ individually, and as an officer or officers of the corporation, hereby authorize advertising in the Kewaskum Statesman or any of their affiliate publications. I/We do also guarantee payment in accordance with the credit terms. Charges during any month are due and payable within 15 days after the date of receipt. Past due balances are subject to a service charge of 1.5% per month. If legal action becomes necessary to collect unpaid an balance I/we will be liable for all such costs. The information on this application and any accompany information is for the purpose of obtaining credit and is warranted to be true. I/ we authorize our bank to release information requested by The Kewaskum Statesman for procesing this application for credit.

Signed: _____ Date Signed: _____

Approved Denied Signed: _____ Date Signed: _____