

# credit application

## APPLICATION FOR CREDIT

Form Must Be COMPLETELY FILLED OUT

Date \_\_\_\_\_

Advertiser's Name \_\_\_\_\_

Authorized Personnel \_\_\_\_\_

Business Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Social Security or Tax ID Number \_\_\_\_\_

Check One: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Other \_\_\_\_\_

Owner 1 \_\_\_\_\_ Owner 2 \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_

### Corporation Principals

President: Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

V. President: Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Treasurer: Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Name Parent Company: \_\_\_\_\_ Tax ID \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### General Information:

1. Type of business or occupation? \_\_\_\_\_

2. Have you ever advertised with us before? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

3. Expected monthly billing? \_\_\_\_\_

## CREDIT REFERENCES

Bank \_\_\_\_\_

Address \_\_\_\_\_

TRADE REFERENCES: Name, Address, Phone Number and Your Account Number if any. \_\_\_\_\_

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

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

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

THE UNDERSIGNED AGREES THAT ALL AMOUNTS SHALL BE PAYABLE TO COX EAST TEXAS UPON RECEIPT OF MONTHLY STATEMENT. I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT. I HEREBY AUTHORIZE COX EAST TEXAS TO INVESTIGATE REFERENCES PERTAINING TO CREDIT AND FINANCIAL RESPONSIBILITIES.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_