

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 _____