

# Cox East Texas

[ Form must be COMPLETE ]

Effective March 1, 2008

Longview News-Journal  
P.O. Box 1792  
Longview, Texas 75606

The Marshall News Messenger  
P.O. Box 730  
Marshall, Texas 75670

## APPLICATION FOR CREDIT

Account Name _____	_____
Attn. _____	Phone Number _____
Business Address _____	_____
City _____	State _____ Zip Code _____
Mailing Address _____	_____
City _____	State _____ Zip Code _____

(Please Check One) Corporation  Partnership  Individual  Limited Partnership  Franchise

Owner 1 \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ S S # \_\_\_\_\_ Home Phone \_\_\_\_\_

Owner 2 \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ S S # \_\_\_\_\_ Home Phone \_\_\_\_\_

*If Corporation-Principals*

President \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Vice President \_\_\_\_\_ Address \_\_\_\_\_

Treasurer \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Tax I.D. No. \_\_\_\_\_

Name of Parent Co. \_\_\_\_\_ Address of Parent Co. \_\_\_\_\_

### Credit References - Minimum of four references required

Trade _____	Account #/Phone # _____
Trade _____	Account #/Phone # _____
Trade _____	Account #/Phone # _____
Trade _____	Account #/Phone # _____
Advertising Reference _____	Account #/Phone # _____

Business Background \_\_\_\_\_ Month/Year Business Established \_\_\_\_\_ Type of Occupation or Business \_\_\_\_\_

Previously done business with us? \_\_\_\_\_ Under what name? \_\_\_\_\_ Acct. # \_\_\_\_\_ Date \_\_\_\_\_

Requested Credit Limit \$ \_\_\_\_\_ (Must be entered or assumes limit of \$500.00)

Payment Responsibility: Applicant \_\_\_\_\_ Other \_\_\_\_\_

If Other: Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Driver's License # \_\_\_\_\_

Will You Require Monthly Tearsheets? Yes \_\_\_\_\_ No \_\_\_\_\_ # of Copies Required \_\_\_\_\_

Mail To \_\_\_\_\_

Instructions \_\_\_\_\_

**APPLICANT HAS READ THE TERMS AND CONDITIONS INCLUDED WITH THIS APPLICATION AND AGREES TO THOSE TERMS.**

**THE UNDERSIGNED AGREES THAT ALL AMOUNTS SHALL BE PAYABLE TO COX EAST TEXAS IN GREGG COUNTY, TEXAS, AND SHALL BE DUE WITHIN 30**

**DAYS FROM THE DATE OF BILLING. ALL PAST DUE AMOUNTS SHALL ACCRUE INTEREST AT THE RATE OF EIGHTEEN (18%) PERCENT PER ANNUM.**

**IF ANY PAST DUE AMOUNT PURSUANT TO THIS APPLICATION IS REFERRED TO AN OUTSIDE ATTORNEY FOR COLLECTION, APPLICANT AGREES TO**

**ADDITIONALLY PAY ALL COLLECTION COSTS AND EXPENSES INCLUDING REASONABLE ATTORNEYS' FEES.**

**I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT. I HEREBY AUTHORIZE COX EAST TEXAS TO MAKE SUCH**

**INQUIRIES AS IS DEEMED NECESSARY TO INVESTIGATE REFERENCES AND OTHER SOURCES PERTAINING TO CREDIT AND FINANCIAL RESPONSIBILITY OF**

**THE APPLICANT.**

Date \_\_\_\_\_ 20 \_\_\_\_\_ Signed \_\_\_\_\_

Title \_\_\_\_\_

The undersigned individually guarantees prompt payment of any indebtedness for credit advances by Cox East Texas to Applicant, including interest, collection costs, and reasonable attorney's fees.

Signed \_\_\_\_\_

OFFICE USE ONLY: Credit Analysis By \_\_\_\_\_ Credit Approved? \_\_\_\_\_ Credit Monthly Limit \$ \_\_\_\_\_

Salesperson's Number \_\_\_\_\_ Salesperson's Name \_\_\_\_\_ Cycle Code \_\_\_\_\_

Account Number \_\_\_\_\_ Class \_\_\_\_\_ Type \_\_\_\_\_ Statement Flag \_\_\_\_\_ Serv. Chg. Flag \_\_\_\_\_