

Application for Credit & Credit Agreement

Austin American-Statesman
 Phone: 512-445-3767
 Fax: 512-445-3838

MUST BE COMPLETED IN FULL

Name _____
 Location Address _____
 Billing address _____
 P.O. Box _____ City _____ State _____ Zip _____

(If completed, statements will be mailed to P.O. Box. In addition, the physical location and billing addresses are required for our records.)

Billing Contact _____
 Parent Company _____ Address _____
 Phone _____ Nature of Business _____ Number of Years in Business _____
 Form of Business (**Check One**): Individual Ownership _____ Partnership _____ Corporation _____

Owner Information (List information for all owners/partners/corporate officers):

Name	Address	Phone #	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If Individually Owned, List the Following:

Owner's Full-time Employment _____ Owner's Birthdate _____ Owner's DL# _____
 If From Out of Town, Give Name and Address of Business There: _____

Amount of Credit Desired: Retail _____
 Classified _____ Total Credit _____

List Five Credit References:

Name	Address	Phone#
Media References _____	_____	_____
_____	_____	_____
Non-Media References _____	_____	_____
_____	_____	_____

The information given above is true and correct. In the event this Application for Credit and Credit Agreement is accepted by the **Austin American-Statesman**, this shall constitute the agreement between the parties. The person signing this Application for Credit and Credit Agreement is authorized to sign on behalf of the applicant. APPLICANT SHALL NOTIFY THE **AUSTIN AMERICAN-STATESMAN** IN WRITING **THIRTY (30) DAYS** PRIOR TO ANY CHANGE IN THE FORM OF APPLICANT'S BUSINESS OR ANY CHANGE IN ADDRESS.

The acceptance of this Application for Credit by the *Austin American-Statesman* does not waive the *Austin American-Statesman's* rights to refuse acceptance of credit advertising without prior notice.

I (we) guarantee payment to the *Austin American-Statesman* for all advertising space and other services ordered by _____ and agree to the terms of due upon receipt. In the event of payment default hereunder Advertiser, Agency and/or Buying Service agree to pay The *Austin American-Statesman* for all collection costs, contingent fees, and reasonable attorney fees incurred. In the event of suit or action, same shall take place in Austin, Travis County, Texas at the option of the *Austin American-Statesman*.

This Information Given By:

Print Name _____ Title _____
 Signature _____ Date _____

(When a complete application is received by the Credit Department, a 48-72 hour response is guaranteed.)
 If submitting any other credit information, this application must still be signed & included.

TO BE FILLED IN BY AUSTIN AMERICAN-STATESMAN SALES REPRESENTATIVE

Assigned Salesperson _____ Salesperson # _____ Date _____
 TEARSHEETS Needed for This Account? YES NO # Needed _____
 Has Cash Advertising Been Placed Within the Last 12 Months Including While This Application is Pending?
 YES NO ACCOUNT # Retail _____ Classified _____
 PRODUCT CODE _____