

TODAY'S NEWS-HERALD

PARKER PIONEER
HOME HUNTER
RIVER EXTRA
PUBLISHED BY RIVER CITY NEWSPAPERS, LLC

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CREDIT APPLICATION

****Company Policy is Cash with Copy until Credit is Approved****

COMPANY NAME: _____
Business Location address: _____

Mailing Address City State Zip Telephone

Phone: _____ Fax: _____ Nature of Business _____

State _____ Zip _____

How Long in Business _____

Type of Business: Corporation _____ Partnership _____ Proprietor _____

Federal Tax ID # _____ (required for credit processing)

NAME OF OWNER (S) / INDIVIDUAL (S): Please Print.

Name Address Title Social Security #

BUSINESS REFERENCES (Examples: People you order office supplies, business cards from and are billed for.)

Name Address Contact Telephone/Fax#

My signature below authorizes for River City Newspapers LLC, to obtain credit information and authorizes all organizations listed on this application as a credit reference to release information about our company's credit history with them. I certify that the information provided is true and correct and is furnished for the purpose of obtaining credit. This credit application shall, by references, become a part of any advertising contract that the applicant may enter into. Applicant guarantees payment for all advertising whether placed directly or through an advertising agency. In the event of any default in payment, applicant agrees to pay all costs of collection, including attorney's fee. Applicant also agrees to abide by all terms and conditions of the company's current rate card. All advertising charges are due and payable within 25 days following date of invoice, and are delinquent after that period. A service charge of 3% per month (36% per annum) will be added to the delinquent portion of that account each month when billed. Advertiser acknowledges that advertisers will pay 3% per month service charge on delinquent balance. The minimum service charge per month on a delinquent balance is \$1.00.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Sales Representative: _____

Visa/MasterCard Account # _____ Exp Date: _____

If the above account becomes 60 days delinquent, I hereby authorize the use of the above credit card for payment in full to avoid further collections proceedings.

Authorized Signature: _____ Date: _____