



THE DAILY CITIZEN

CREDIT APPLICATION

Incomplete forms cannot be processed

Company Information

Date	Prepared by:	<input type="checkbox"/> New Customer
		<input type="checkbox"/> Have done business with The Daily Citizen in the last 12 months
Business Name	DBA Name	
Federal Tax ID #	Parent Co. Name	
Business Address	Parent Company Address	
City State Zip	City State Zip	
Telephone ()	Amount of credit requested	
Fax ()	\$	
<input type="checkbox"/> Corporation	Nature of Business:	
<input type="checkbox"/> Partnership	Date started or assumed control:	
<input type="checkbox"/> Limited Partnership	Has corporation registered with the secretary of state?	Yes No
<input type="checkbox"/> Proprietorship	Filing Date	What States?

Company Officers or Principals

Name	Title	Residence (street, city, state, zip)	Social Security # (Omit if corporation)
Name	Title	Residence (street, city, state, zip)	Social Security # (Omit if corporation)

Bank Reference

Bank name	City/State	Phone	Fax	Acct. #	<input type="checkbox"/> Checking
					<input type="checkbox"/> Mortgage/Loan
					<input type="checkbox"/> Bank card

Media/Trade Business Credit References

List three businesses the applicant does business with on a credit basis. Do not list banks or credit card companies

Business name	City/State	Phone	Fax	Acct. #
Business name	City/State	Phone	Fax	Acct. #
Business name	City/State	Phone	Fax	Acct. #

I certify that the information provided in this application is true and correct. I hereby authorize The Daily Citizen to make inquires necessary to investigate the credit and financial references I have supplied on this form.

If granted a credit account by The Daily Citizen, I agree to remit payment in accordance with the Daily Citizen News' payment terms and conditions. My account is due when the invoice is rendered.

Signature of Officer of Principal Title Date

Fax completed form to (706) 279-3797