

CREDIT APPLICATION

DATE _____

Please answer in complete detail.

This application must be completed and returned to the credit office before the first ad is run on account.

Due to stringent rights to privacy laws credit approval may be delayed or even refused because of lack of information.

BUSINESS NAME _____ ADDRESS _____

BILLING NAME _____ PHONE _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS _____ DATE CURRENT BUSINESS ESTABLISHED _____

PRIOR OWNED BUSINESS NAME AND LOCATION _____

CORPORATION / INCORPORATION DATE _____ UNDER LAWS OF _____

LIST OFFICERS If corporation, please answer completely:

President _____ Home Address _____ Phone _____ Soc. Sec. # _____

V. President _____ Home Address _____ Phone _____ Soc. Sec. # _____

Secretary _____ Home Address _____ Phone _____ Soc. Sec. # _____

Treasurer _____ Home Address _____ Phone _____ Soc. Sec. # _____

FRANCHISE

Parent Co. _____ Address _____ Phone _____

PARTNERSHIP / GENERAL PARTNERS SIGNATURES

Name _____ Home Address _____ Phone _____ Soc. Sec.# _____

Name _____ Home Address _____ Phone _____ Soc. Sec. # _____

PROPRIETORSHIP / LIST BELOW OWNER OR OWNERS

Name	Home Address	Spouse's Name	Phone	Soc. Sec. #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRADE REFERENCES / NEW BUSINESSES SUBSTITUTE PERSONAL REFERENCES

1. Name _____ Acct. No. _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Acct. No. _____

Address _____ City _____ State _____ Zip _____

BANK REFERENCE

1. Name _____ Acct. No. _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Acct. No. _____

Address _____ City _____ State _____ Zip _____

ADVERTISING REFERENCES

1. Name _____ Acct. No. _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Acct. No. _____

Address _____ City _____ State _____ Zip _____

AUTHORIZATION IS GRANTED TO THE KENOSHA NEWS TO INVESTIGATE MY CREDIT AND I AGREE TO PAY ALL CHARGES ON PUBLISHED TERMS.

Name of person authorized to place advertising _____ Owner Officer or Manager

Signature _____

Title _____

Signature Date _____