

**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 \_\_\_\_\_