



P.O. Box 1518  
Victoria, TX 77901  
Phone: 361-580-6553  
*Utilizing CSC Credit Services*

## **APPLICATION FOR CREDIT**

(See attached for Credit Policy)

Please print.

**Business Name:** \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Business:  Individual  Partnership  Corporation

**State of Incorporation (if applicable)** \_\_\_\_\_

How long in Business?: \_\_\_\_\_ Previous Name (if applicable) \_\_\_\_\_

Type of Business: \_\_\_\_\_

Owners/Officers Full Name    Address Inc. Zip Code    Driver's License #    SS #

**Business** Home Phone # of Phone of Primary Business Contact: \_\_\_\_\_

**Media References**      **Contact Person**      **Fax#**      **Area Code and Phone#**

---

---

Bank Used: \_\_\_\_\_ Checking Account # \_\_\_\_\_

## AUTHORIZATION

I, (name of owner or president) \_\_\_\_\_, as an officer or owner of the above business, hereby authorize Advocate Digital Media to publish advertising. I also guarantee payment in accordance with the credit terms of Advocate Digital Media as stated on the other side of this application. Invoices are due and payable before the 25<sup>th</sup> day of the month following the date of charge. A 5% service charge will be accessed on accounts that are not paid within 30 days. A \$15.00 service charge will be assessed on return checks. All charges are due and payable in Victoria, Victoria County, Texas.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

FOR OFFICE USE ONLY

Notes		
Initials	Date	Credit Limit