



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 # _____

Bank Phone #: _____ Savings Account #: _____

Bank Contact Person: _____

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 25th day of the month following the date of charge. A 5% service charge will be assessed 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