



[Form must be COMPLETE]
Effective June 1, 2012

Longview News-Journal The Marshall News Messenger
P.O. Box 1792 P.O. Box 730
Longview, Texas 75606 Marshall, Texas 75670

APPLICATION FOR CREDIT

Account Name _____	Attn. _____	Phone Number _____
Business Address _____		City _____ State _____ Zip Code _____
Mailing Address _____		City _____ State _____ Zip Code _____

(Please Check One) Corporation Partnership Individual Limited Partnership Franchise

Owner 1 _____ Address _____ Zip _____

Driver's License # _____ S S # _____ Home Phone _____

Owner 2 _____ Address _____ Zip _____

Driver's License # _____ S S # _____ Home Phone _____

If Corporation-Principals

President _____ Address _____ Zip _____

Vice President _____ Address _____

Treasurer _____ Address _____ Zip _____

Tax I.D. No. _____

Name of Parent Co. _____ Address of Parent Co. _____

Credit References - Minimum of four references required

Trade _____ Account #/Phone # _____

Advertising Reference _____ Account #/Phone # _____

Business Background _____ Month/Year Business Established _____ Type of Occupation or Business _____

Previously done business with us? _____ Under what name? _____ Acct. # _____ Date _____

Requested Credit Limit \$ _____ (Must be entered or assumes limit of \$500.00) _____

Payment Responsibility: Applicant _____ Other _____

If Other: Name _____ Address _____ Zip _____

Home Phone _____ Business Phone _____ Driver's License # _____

APPLICANT HAS READ THE TERMS AND CONDITIONS INCLUDED WITH THIS APPLICATION AND AGREES TO THOSE TERMS.

THE UNDERSIGNED AGREES THAT ALL AMOUNTS SHALL BE PAYABLE TO TEXAS COMMUNITY MEDIA IN GREGG COUNTY, TEXAS, AND SHALL BE DUE WITHIN 30 DAYS FROM THE DATE OF BILLING. ALL PAST DUE AMOUNTS SHALL ACCRUE INTEREST AT THE RATE OF EIGHTEEN (18%) PERCENT PER ANNUM. IF ANY PAST DUE AMOUNT PURSUANT TO THIS APPLICATION IS REFERRED TO AN OUTSIDE ATTORNEY FOR COLLECTION, APPLICANT AGREES TO ADDITIONALLY PAY ALL COLLECTION COSTS AND EXPENSES INCLUDING REASONABLE ATTORNEYS' FEES.

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT. I HEREBY AUTHORIZE TEXAS COMMUNITY MEDIA TO MAKE SUCH INQUIRIES AS IS DEEMED NECESSARY TO INVESTIGATE REFERENCES AND OTHER SOURCES PERTAINING TO CREDIT AND FINANCIAL RESPONSIBILITY OF THE APPLICANT.

Date _____ 20 _____ Signed _____
Title _____

The undersigned individually guarantees prompt payment of any indebtedness for credit advances by Texas Community Media to Applicant, including interest, collection costs, and reasonable attorney's fees.

Signed _____

OFFICE USE ONLY: Credit Analysis By _____ Credit Approved? _____ Credit Monthly Limit \$ _____

Salesperson's Number _____ Salesperson's Name _____ Cycle Code _____

Account Number _____ Class _____ Type _____ Statement Flag _____ Serv. Chg. Flag _____