

Daily Commercial

"Your First Choice" • In-Print & On-Line

A HarborPoint Media Publication

212 E. Main Street, Leesburg, FL 34748
Phone (352) 365-8200 • Fax (352) 365-1951

the COMMERCIALpress

SOUTH LAKE PRESS

A HarborPoint Media Publication

732 W. Montrose Street, Clermont, FL 34711
Phone (352) 394-2183 • Fax (352) 394-8001

CREDIT APPLICATION

All information provided in this application is confidential, and for the express use by The Daily Commercial and South Lake Press, so we may better serve your needs. Upon completion of this application, please fax or mail to the above, attention: accounting.

BUSINESS INFORMATION:

Requested Credit Limit _____

Business Name: _____

Type of Business: _____

Address: _____ City/State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____ E-Mail: _____

Contact: _____ Title: _____

Multiple Area Locations? Yes No If yes, how many? _____ Any future locations? Yes No

List Locations: _____

Gross Annual Sales: \$ _____ Number of Employees: _____

Fiscal Year: \$ _____ Beginning Month: _____ Ending Month: _____

Key Annual Events & Dates: _____

Do you have a website? Yes No If yes, website address: _____

Annual Advertising Budget: \$ _____

Budget Planning: Annually SemiAnnually Quarterly Monthly

Types of Media Used:

- | | | | |
|--------------------------------------|-----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Magazine | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Inserts |
| <input type="checkbox"/> Television | <input type="checkbox"/> Network | <input type="checkbox"/> Cable | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Internet | <input type="checkbox"/> Billboard | <input type="checkbox"/> Other |

Do you earn Co-op/Vendor dollars? Yes No

If yes, please list some of your key suppliers who offer co-op assistance:

Is media placed through an advertising agency? Yes No

Agency Name: _____ Telephone: () _____ Fax: () _____

Account Executive: _____ E-Mail: _____

Media Buyer: _____ E-Mail: _____

Address: _____ City/State: _____ Zip Code: _____

CREDIT INFORMATION & REFERENCES

Type of ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Incorporated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Corporate Name: _____		Federal ID Number: _____	
Principal Owner Name: _____		SS#: _____ Title: _____	
Accounts Payable Contact: _____			
Telephone: () _____		Fax: () _____ E-Mail: _____	
BANK	Name: _____		Account Number: _____
	Address: _____		City/State: _____ Zip Code: _____
	Telephone: () _____		Fax: () _____ E-Mail: _____
MEDIA	Name: _____		Account Number: _____
	Address: _____		City/State: _____ Zip Code: _____
	Telephone: () _____		Fax: () _____ E-Mail: _____
TRADE	Name: _____		Account Number: _____
	Address: _____		City/State: _____ Zip Code: _____
	Telephone: () _____		Fax: () _____ E-Mail: _____

BILLING INFORMATION:

CHECK ONE: <input type="checkbox"/> Direct <input type="checkbox"/> Agency <input type="checkbox"/> Other			
<i>If other:</i>			
Contact Name: _____			
Address: _____		City/State: _____ Zip Code: _____	
Telephone: () _____		Fax: () _____ E-Mail: _____	

Customer agrees to pay service charges of 1 and 1/2% per month from the due date of each invoice to date of payment. In the event your account is placed in collection, customer agrees to pay a reasonable amount in attorney's (collection) fees.

Authorize for release of credit information: I certify that the information provided in the application is true and correct. I hereby authorize the release of credit information requested by The Daily Commercial and South Lake Press relevant to the above account. If the applicant is a corporation, the undersigned, whether or not he/she is an officer of the corporation, does personally guarantee payment of all bills. I/we hereby agree to the terms and conditions of purchases charged to this account and if these conditions are not met, I/we are personally liable for all court costs and attorney fees incurred to collect the outstanding balance.

Date: _____ Print Name: _____ Title: _____

Signed: _____

TO BE COMPLETED BY THE DAILY COMMERCIAL BUSINESS OFFICE

BUSINESS CODE:		ACCOUNT NUMBER:		ACCOUNT EXECUTIVE:		SALES #	
NUMBER OF TEARSHEETS	DELIVERED:			MAILED:		ATTACH TO INVOICE:	
CO-OP DOCUMENTATION: <input type="checkbox"/> YES <input type="checkbox"/> NO		DELIVERED		MAILED		ATTACH TO INVOICE	
SIGNED : CONTRACT	RETAIL			CLASSIFIED		INTERNET	
AD CLASSIFICATION:		DATABASE RECEIPT:		ENTERED BY ACCOUNTING:			