

WTNH-TV 203-773-1292 Fax

CONFIDENTIAL ADVERTISING CREDIT APPLICATION

APPLICATION WILL NOT BE PROCESSED
IF IT IS NOT COMPLETELY FILLED OUT

Credit Manager Approval: _____ Agency #: _____
(Authorized Signature) Advertiser #: _____

Account Executive: _____ Scheduled Start Date Target Date _____
Amount of order: _____ Scheduled End Date: _____

1. CUSTOMER INFORMATION Advertiser _____
Company Name (including all DBA's): _____
Telephone #: () _____ Fax #: () _____
Mailing Address: _____
Street Address: _____ City/State/Zip: _____
Name Of Party Responsible For Payment: _____
Contact/Title: _____ / _____ Telephone #: () _____
Description/Type Of Business _____ Years In Business: _____
Corporation _____ Partnership _____ Proprietaryship _____
State Of Incorporation: _____ Date Of Incorporation: _____
Annual Sales/Billings: _____ Federal ID # _____

2. PRINCIPAL OWNERS, PARTNERS, OFFICERS:
Name: 1. _____ 2. _____ 3. _____
Title: 1. _____ 2. _____ 3. _____
Address: 1. _____ 2. _____ 3. _____
City/State/Zip 1. _____ 2. _____ 3. _____
Telephone #: 1. _____ 2. _____ 3. _____
Soc. Sec. #: 1. _____ 2. _____ 3. _____

3. BANKING INFORMATION:
Name: _____ Telephone: () _____
Address: _____ City/State/Zip: _____
Bank Officer: _____ Customer Since: _____
Checking Account #: _____ Savings Account #: _____
Loan Account #: _____ Unsecured _____ Secured _____
List Collateral: _____ Guaranteed _____ - By Whom: _____
Cash Balance: _____ Status: _____
Loan Balance: _____ Monthly Payment: _____
Term: _____ Status: _____

For WTNH-TV Accounting Use Only:
Avg. Cash Balance: _____ Status: _____

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4. CREDIT REFERENCES:

MEDIA REFERENCES (List 3)

Name: 1. _____ 2. _____ 3. _____
Contact: 1. _____ 2. _____ 3. _____
Address: 1. _____ 2. _____ 3. _____
City/State/Zip: 1. _____ 2. _____ 3. _____
Telephone #: 1. () _____ 2. () _____ 3. () _____

For WTNH-TV Accounting Use Only:

High Credit: 1. _____ 2. _____ 3. _____
Avg. Credit: 1. _____ 2. _____ 3. _____
Current Balance: 1. _____ 2. _____ 3. _____
Payment History: 1. _____ 2. _____ 3. _____

NON-MEDIA REFERENCES (List 2)

Name: 1. _____ 2. _____
Contact: 1. _____ 2. _____
Address: 1. _____ 2. _____
City/State/Zip: 1. _____ 2. _____
Telephone #: 1. () _____ 2. () _____

For WTNH-TV Accounting Use Only:

High Credit: 1. _____ 2. _____
Avg. Credit: 1. _____ 2. _____
Current Balance: 1. _____ 2. _____
Payment History: 1. _____ 2. _____

5. The undersigned understands that WTNH-TV will rely on the foregoing for purposes of providing services on credit and hereby certifies that all statements and information herein are true and complete, and authorizes WTNH-TV to make inquiries and obtain information necessary and reasonable concerning any statements or requests made, and further authorizes the release of information by any party contacted in relation to such request.

In consideration of your extension of credit to us, we further agree that:

1. Whether sums are due under contract or open account payment is due upon receipt of invoice and is considered delinquent if not paid within fifteen (15) days from the date of the invoice.
2. In the event of any discrepancies in authorized advertising schedules run on our behalf, we agree to notify you immediately so that the discrepancy may be rectified in a timely manner.
3. In the event of non-payment, we will pay the fees of a collection agency or of an attorney if either must be employed by you to effect collection.

Dated: _____

Company: _____

Signature: _____

Printed Name: _____

Title: _____

