

The Free Lance-Star/Star Directory Radio Group

616 Amelia Street
Fredericksburg, VA 22401
Phone: 540/374-5534
Fax: 540/368-5012
Attn: Credit Department
Lalsop@freelancestar.com

616 Amelia Street
Fredericksburg, VA 22401
Phone: 540/373-1500
Fax: 540/374-5525
Attn: Credit Department
Sridgeway@wfls.com

For Accounting Use Only	
A/R # _____	Credit Limit: _____
Radio # _____	Date Processed: ___/___/___
Class # _____	Letter Sent: _____
Star Directory # _____	

APPLICATION FOR CREDIT

Application must be filled out in its entirety and signed

Date: ___/___/___

Amount of Credit Requested: _____

Business/Corporate Name _____

Trade/Name _____

Address _____

Mailing/Business Address _____

City State Zip _____

City State Zip _____

E-mail Address: _____

Telephone Number: () _____

Fax Number () _____

Accounts Payable Phone: () _____

Accounts Payable Contact: _____

Are Purchase Orders Required? Yes _____ No _____

Parent Company of Home Office: _____

Name

Address City State Zip () Telephone Number

Corporation: _____ *Partnership: _____ *Proprietorship: _____ *Other: _____

Date You Started In Business or Assumed Control: ___/___/___ Number of Employees: _____

Nature/Type of Business: _____
(Advertising agencies complete page #)

Name or Previous Business or Employer: _____

Address City State Zip
Officers or Principals:

Name Address Phone SS# (required)

Name Address Phone SS#(required)

Name Address Phone SS#(required)

(*Social Security Number Required)

We do _____ do not _____ report to Dun & Bradstreet. D&B Rating: _____

Have you previously advertised with us? _____ Accounting Number: _____

Name on account: _____

Bank References: C-Checking S-Savings L-Loan

1. _____
Business Name Contact Name Account Number Account Type

_____ () _____
Address City State Zip Phone Number

2. _____
Business Name Contact Name Account Number Account Type

_____ () _____
Address City State Zip Phone Number

Credit References: Media/Trade References Preferred

1. _____ () _____
Name Account Number Phone Number

_____ City State Zip
Address

2. _____ () _____
Name Account Number Phone Number

_____ City State Zip
Address

3. _____ () _____
Name Account Number Phone Number

_____ City State Zip
Address

RETURN CHECK FEE: \$25.00

This information is accurate and true to the best of my knowledge. The Free Lance-Star is authorized to make such inquiries as it is deemed necessary to investigate references and other sources pertaining to credit and financial responsibility of the applicant.

I/We understand that I am/we are responsible for payment of services rendered, including reasonable attorney's fees and costs of collection in the event of default. The applicant agrees to pay the account within terms as stated on current rate card/contract. If not paid within stated terms, I agree to pay finance charges of a 1 1/2% per month (Annual rate 18%) on past due amounts.

(Please allow one week for processing.)

APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY AND SIGNED

Authorized Signature: _____ Date: _____ / _____ / _____

Printed Name: _____ Title: _____

Agency Liability:

All invoices are payable in 20 days. No cash discounts are allowed. Unless a signed agency authorization form is on file with publisher, agency assumes full liability of payment for advertising orders they place.

Note: Publisher reserves the right to (1) notify advertiser if advertiser's agency has not paid in full within 90 days of invoice date, and (2) to hold advertiser responsible for payment in full if advertiser's agency declares bankruptcy, or otherwise does not pay within 90 days of invoice date.

Agency: _____

Authorized Signature: _____ Date: ____/____/____

Printed Name: _____ Title: _____