

# METROWEEKLY

## CREDIT APPLICATION

Please indicate: Advertiser? \_\_\_\_\_ Agency? \_\_\_\_\_

### COMPANY INFORMATION

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ DBA: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Website URL: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Date established or assumed control: \_\_\_\_\_

Type: Corporation?  (State \_\_\_\_\_) Partnership?  LLC?  Sole Proprietorship?

Tax I.D. #: \_\_\_\_\_

### LIST OFFICERS, PARTNERS OR OWNERS

Name	Title	Social Security #	Phone	Fax	E-mail
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Name	Title	Social Security #	Phone	Fax	E-mail
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Anticipated annual gross amount of credit requested: \_\_\_\_\_

Anticipated amount per insertion: \_\_\_\_\_ Beginning Issue Date: \_\_\_\_\_ Total Number of Insertions: \_\_\_\_\_

### BANK INFORMATION

Name	Street Address	City, State	Phone	Contact Person	Account #
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### MEDIA REFERENCES

Name	Street Address	City, State	Phone	Contact Person	Account #
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Name	Street Address	City, State	Phone	Contact Person	Account #
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Name	Street Address	City, State	Phone	Contact Person	Account #
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The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Metro Weekly to investigate the references listed pertaining to my/our credit and financial responsibility. Applicant's signature attests to the company's financial responsibility and willingness to pay our invoices with the terms and conditions posted at <http://www.metroweekly.com/advertise/?ak=display>

Authorized Signature	Print Name	Title	Date
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MW Office Use Only

Approved?  Limits / Terms: \_\_\_\_\_

Denied?  Account #: \_\_\_\_\_