

## **CREDIT APPLICATION AND MEDIA AGREEMENT**

Date: \_\_\_\_\_

PLEASE COMPLETE AND FAX TO: Chris Jarchow, Business Manager (direct fax number 870-932-2445) Information given by the undersigned will be held in strict confidence and will be used solely by Jonesboro Media Group for the purpose of extending credit

1. Name of Applicant		
		Office Use Only
2. Trade Name (if any)		AE Name
3. Street Address		
CityState		Default Terms – CIA first 90 days Immediate terms - please check
Phone Fax _		Describe type of business (comp code)
E-mailweb site	·	
4. Billing Address (If different)		Is this Recruitment / Yes No
<ul> <li>5. Business is: Incorporated Proprietorship Partnership Agency</li> <li>Advertiser Media Buying Service In-House Agency</li> <li>6. Date Business Established// If Incorporated, Date of Incorporation/</li> <li>7. State of Incorporation Federal I.D.</li> </ul>		Revenue Type - Local Direct Agency Sponsorship E-Commerce Other
Number*MANF	 DATORY FOR ALL CLIENTS*	
Advertising Portal Login & Electronic Delivery of Invoices		

Contact Name & Phone # to receive Electronic Invoices \_\_\_\_\_\_ E-mail Address to receive Electronic Invoices \_\_\_\_\_\_

## 8. PRINCIPAL OWNERS, OFFICERS AND PARTNERS (Attach separate sheet with additional information, if necessary)

Name	Title
Home Address	SS No.
Name	Title
Home Address	SS No.

## 9. CREDIT REFERENCES

Media Reference: Name and Address Phone Number

Media Reference: Name and Address Phone Number

Media Reference: Name and Address Phone Number

## **10. BANK REFERENCE**

Name and Address Phone Number Account No.