

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 |
| 5. Business is: Incorporated Proprietorship Partnership Agency Advertiser Media Buying Service In-House Agency 6. Date Business Established// If Incorporated, Date of Incorporation/ 7. State of Incorporation Federal I.D. | | 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.