

CREDIT APPLICATION

Credit applications are accepted however, not all advertising qualifies for billing. Please contact a Sales Representative at 315-470-2088 to discuss your advertising needs and determine if billing is an option.

In applying for credit, I (print name) _____ represent the following information to be true to the best of my knowledge. I acknowledge that all advertising is subject to the terms and conditions of The Post-Standard's rate card that is in effect at the time the advertising is placed; that payment is due by the 10th of the month following publication; and that contracts may require a personal guarantee. I authorize The Post-Standard, or any third party acting on behalf of The Post-Standard, to investigate the references listed and to conduct a credit check on business and personal credit and financial responsibility with any credit reporting agency or any third party acting on behalf of The Post-Standard.

Signature _____ Date _____ Amount Requested _____
(required)

The information provided will be treated as personal and confidential.

■ Individual

Name _____ Social Security # _____ Phone _____
Address _____ City _____ State _____ Zip Code _____

■ Business

Company Name _____ Type of Business _____
Address _____ City _____ State _____ Zip Code _____
Phone _____ Fax _____ Date Started _____
Type Sole Proprietorship Partnership Corporation | Federal ID # _____

■ Principals/Corporate Officers

Name _____ Title _____ Home Phone _____
Home Address _____ City _____ State _____ Zip Code _____
Name _____ Title _____ Home Phone _____
Home Address _____ City _____ State _____ Zip Code _____

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■ Newspaper and/or Media References

Name _____ Phone _____ Account # _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Phone _____ Account # _____

Address _____ City _____ State _____ Zip Code _____

■ Other Major Creditors

Name _____ Phone _____ Account # _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Phone _____ Account # _____

Address _____ City _____ State _____ Zip Code _____

■ Bank References

Name _____ Phone _____ Account # _____

Address _____ City _____ State _____ Zip Code _____

■ Existing Account Information

Post-Standard Account Representative _____ Phone _____ Account # _____

Please note, this form can not be saved. Fill out all of the information, print it and sign it. Then fax it to: 315-470-3167 or drop it in the mail.
A signature is required to authorize us to process the application.