

CREDIT APPLICATION

COURIER TIMES INC
8400 ROUTE 13
LEVITTOWN, PA. 19057
215-949-4089 FAX 215-269-3316

DATE _____

CORPORATE NAME _____ BUSINESS NAME _____

ADDRESS _____ MAILING ADDRESS _____

TELEPHONE NUMBER _____

PARENT COMPANY _____

COMPANY PROFILE

CORPORATION ___ PARTNERSHIP ___ PROPRIETORSHIP ___ FRANCHISE ___

DATE YOU STARTED BUSINESS OR ASSUMED CONTROL _____

NUMBER OF EMPLOYEES _____

NAME AND ADDRESS OF PREVIOUS BUSINESS OR EMPLOYER:

OFFICERS OR PRINCIPALS

NAME: _____ TITLE: _____

RESIDENCE: _____

SOCIAL SECURITY NUMBER _____

NAME : _____ TITLE: _____

RESIDENCE: _____

SOCIAL SECURITY NUMBER _____

HAS CORPORATION BEEN REGISTERED WITH THE SECRETARY OF
STATE? _____

WHAT STATE? _____ DATE OF FILING _____

HAVE YOU PREVIOUSLY ADVERTISED WITH US? _____

UNDER WHAT NAME? _____ A/C NUMBER _____

DATE _____

CREDIT REFERENCES: MEDIA/TRADE REFERENCES:

NAME: _____ ADDRESS _____ PHONE _____

NAME: _____ ADDRESS _____ PHONE _____

NAME: _____ ADDRESS _____ PHONE _____

**BANK REFERENCES: C-CHECKING S-SAVINGS-MORTGAGE/LOAN CPD CHARGE
PLATE DEPOSITS**

NAME _____ ADDRESS _____ PHONE _____

_____ ACCOUNT # _____

NAME _____ ADDRESS _____ PHONE _____

_____ ACCOUNT # _____

I CERTIFY THAT THE INFORMATION PROVIDED IN THE APPLICATION IS TRUE AND CORRECT. I HEREBY AUTHORIZE COURIER TIMES INC TO MAKE SUCH INQUIRIES AS IT IS DEEMED NECESSARY TO INVESTIGATE REFERENCES AND OTHER SOURCES PERTAINING TO CREDIT AND FINANCIAL RESPONSIBILITY OF THE APPLICANT.

SIGNATURE OF OFFICER OR PRINCIPAL _____ TITLE _____ DATE _____