

ST. PETERSBURG TIMES

APPLICATION FOR CREDIT

FOR OFFICE USE ONLY

1 DATE _____ 2 AMOUNT OF CREDIT REQUESTED _____

3 BUSINESS NAME _____ 4 d/b/a (TRADE STYLE) _____

5 ADDRESS Street _____ 6 BILLING MAILING ADDRESS Street _____

City State Zip City State Zip

7 TELEPHONE NUMBER _____ TIMES ACCOUNT NUMBER _____

COMPANY PROFILE

8 Corporation _____ Partnership _____ Limited Partnership _____ Proprietorship _____ Franchise _____

9 Date you started business/assumed control: _____ 10 Nature/Type of Business _____

11 No. of Employees _____ 12 Name and Address of Previous Business or Employer _____

13 Officers or Principals

Name: _____ Title _____ SS# _____

Residence: _____ City: _____ State: _____ Zip: _____

Name: _____ Title _____ SS# _____

Residence: _____ City: _____ State: _____ Zip: _____

14 Has Corporation been registered with the Secretary of State? _____ What State? _____

Date of Filing _____

15 Have you previously advertised with us? _____ Under what name? _____

Account # _____ Date: _____

16 CREDIT REFERENCES: Media/Trade References:

Name	Street	City	State	Zip	Phone	Acct. #

17 BANK REFERENCE:

Name	Street	City	State	Zip	Phone	Acct. #

18 ADVERTISING AGENCIES: PLEASE ATTACH COPY OF INSERTION ORDER

19 I certify that the information provided in the application is true and correct. I hereby authorize the release of business or personal credit information requested by Times Publishing Company relevant to the above account.

20 ADVERTISING REQUESTED:

_____ Classified _____ Contract

_____ Retail _____ Size _____

Signature of Officer or Principal _____ Title _____ Date _____ Sales Representative _____

PERSONAL GUARANTY OF PAYMENT

I (We) personally guarantee payment in full when due of any and all indebtedness of the above named Business to the Times Publishing Company (St. Petersburg Times), including collection costs and attorney's fees.

Date _____

Guarantor _____ Guarantor _____

SS# _____ SS# _____

Witness _____ Witness _____