

Northern Virginia Daily

152 North Holliday Street, Strasburg, Virginia 22657
540-465-5137 Fax 540-465-6155

Application for Advertising Credit Account

Date: _____ *Please give complete information.*

Legal Business Name: _____

Federal Identification Number: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____ Monthly credit requested: _____

_____ Sole Proprietorship Owner: _____ SS #: _____

_____ Partnership Partner: _____ SS #: _____

Partner: _____ SS #: _____

_____ Corporation/LLC President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Banking Information: *This information is required.*

Bank: _____ Account: _____

Number & Type

Contact: _____ Title: _____

Address: _____

Telephone: _____ Fax: _____

Application for Advertising Credit Account
Page 2

Trade References: *At least three references are required.*

Supplier: _____ Account Number: _____

Address: _____

Telephone: _____ Fax: _____

Supplier: _____ Account Number: _____

Address: _____

Telephone: _____ Fax: _____

Newspaper: _____ Account Number: _____

Address: _____

Telephone: _____ Fax: _____

Newspaper: _____ Account Number: _____

Address: _____

Telephone: _____ Fax: _____

Individuals who are authorized to make charges to this account:

Print/type Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

CREDIT POLICY

Both parties agree that all credit transactions made with the Northern Virginia Daily, published by Shenandoah Publishing House, Inc., are subject to the following terms and conditions:

Upon submitting this form, the Northern Virginia Daily has the authorization to check the applicant's credit rating by any means at our disposal.

Cash in advance is required until credit has been approved.

Payment for each month's charges is due upon receipt of the invoice/statement. Payment is expected on a monthly basis.

No further credit will be extended to accounts that become 60 days past due and a service charge, as specified by Virginia law, will be imposed on the unpaid display account balance. Accounts that become 120 days past due may have credit privileges revoked.

In the event that this account becomes delinquent and legal action may become necessary, the undersigned agrees to pay all reasonable attorney fees, and/or all costs of collection whether or not a suit is filed.

THE APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY AND ABILITY TO PAY WILLINGLY ACCORDING TO THE ABOVE TERMS.

Name of Applicant (type or print): _____

SIGNATURE OF APPLICANT: _____

Title of Applicant: _____

Applicant's Telephone Number: _____ Fax: _____

Applicant's Email: _____

Name of Business: _____

Date of Application: _____

Please allow three weeks for the completion of this credit check. Complete information will facilitate the process. Also, please fill in Authorization Form.

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Authorization to Release Credit Information

(PLEASE GIVE COMPLETE INFORMATION)

Your Bank _____

Address _____

Your Bank Account Number _____

Bank Fax Number _____

Your Company Name _____

Your Company Federal I.D. Number _____

Your Name _____

To My Bank:

I authorize you to release credit information to the Credit Department of Shenandoah Publishing House, Inc., Publishers of the Northern Virginia Daily, 152 North Holliday, Strasburg, Virginia 22657.
Telephone – 540-465-5137, Fax – 540-465-6155.

Name (please type or print) _____

Signature _____

Representing _____

Address _____

Telephone _____ Fax _____

Date _____

(Revised 10/05)