



































New Account Setup Form

		W Account Setup Form
Business Name (formal or leg	gal):	
Doing Business As (trade name):		
Business Address:		
		☐ Is this a billing address? If not, please provide billing address.
Billing Address:		
Telephone:	Fax:	Date Business Started:
Federal Tax I.D. Number:		
Prior Bankruptcies? (Che	ck One): 🔲 Yes	□ No If Yes, give Date:
Applicant is a (Check One):	Advertising Ag	ency In-House Agency Buying Service Advertiser
If Agency, name of Advertis	er:	
Partnership (Give the fill Corporation (Give nam Limited Liability Con 1. The advertiser and as 2. Payments to the ager amounts owed under 3. Applicant (if agency terms hereof. 4. This Agreement is go 5. Applicant certifies the to establish credit and some content of the fill content is go 5.	gal Name of Proprietor all name(s), address(es) es, addresses and teleple apany (List members gency are jointly and ney or service do NO this Agreement, the pin-house agency, or overned by the laws of the laws	r, Resident Address, Resident Telephone # & Social Security #). h, and Social Security #'s of all General and Non-Limited Partners) hone numbers of officers). s and telephone numbers of management committee or sole manager). severally liable for all payments under this Agreement T constitute payment to us. In the event of default by the agency or service to pay advertiser is still liable for payment. buying service) represents that Third Parties will immediately be notified of the of the State of Oklahoma. Information included in this application are true, correct, complete and may be used at that all officers, owners, or employees are authorized to purchase advertising. king references may be required.
This Box for Office I Account Executive to fill our Agency Name: Advertiser Name: Contact Name: Phone #: Contact Name: Total Order Amount: AE:	t (Account Set-up):	Print Name Title Authorized Agency Signature: (Required)
	*	Date: