



OKC Sales Fax: 405-841-9926

Tulsa Sales Fax: 918-732-6016

SECTION 1 - BUSINESS/CONTACT INFORMATION

Business Name (Formal/Legal Name):								
Doing Business As (Trade Name):								
Phone:		Fax:		E-Mail:				
Business Address:						How long at this location:		
City:				State:		ZIP Code:		
Billing Address (if different from Business Address):								
City:				State:		ZIP Code:		
Date business started:			Federal Tax I.D. No:			Oklahoma Sales Tax No:		
Describe the business you engage in and services provided:								
Please indicate the state(s) in which your company is authorized to conduct business:								
Prior Bankruptcies?		Yes	No	If yes, please give date(s):				
Are you applying for credit with:		KWTW/KSBI, Oklahoma City		Yes	KOTV/KQCW, Tulsa	Yes	KHTT, KBEZ, KVOO, KXBL KFAQ, Tulsa	Yes
		9 Outdoor, Oklahoma City		Yes	6 Outdoor, Tulsa	Yes	Newson6.com, Tulsa	Yes
		News9.com, Oklahoma City		Yes	News on 6 NOW, Tulsa	Yes	News 9 Now, Oklahoma City	Yes
Do you have an account/credit with any of the following:		KWTW/KSBI, Oklahoma City		Yes	KOTV/KQCW, Tulsa	Yes	KHTT, KBEZ, KVOO, KXBL KFAQ, Tulsa	Yes
		9 Outdoor, Oklahoma City		Yes	6 Outdoor, Tulsa	Yes	Newson6.com, Tulsa	Yes
		News9.com, Oklahoma City		Yes	News on 6 NOW, Tulsa	Yes	News 9 Now, Oklahoma City	Yes
Applicant is: (Check One)		Advertising Agency		In-House Agency		Buying Service		Advertiser
		Other, please specify:						
If Agency, name of Advertiser:								
Please indicate business entity type and provide the information requested				Attach additional sheets as necessary.				
<input type="checkbox"/> Sole Proprietorship: Provide legal name of Proprietor, Resident Address, Resident Telephone. Social Security No.								
<input type="checkbox"/> Partnership: Provide Name, Address, Telephone and Social Security No. for general/limited partner(s)								
<input type="checkbox"/> Corporation: Provide Name, Address, Telephone and Social Security No. for officers and directors								
<input type="checkbox"/> Limited Liability Company Provide Name, Address, Telephone and Social Security No. for officers and managing member(s)								
<input type="checkbox"/> Other, please specify type of entity								
Provide Name, Address, Telephone No. and Social Security No. for officers, partners and directors								
Name	Title	Address	City	State/Zip Code	Telephone	Social Security #		

## SECTION 2 - BANK REFERENCE

Primary Bank Name:		Contact:	
Bank Address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account Number	Account Number	Account Number
Savings			
Checking			
Loan			
Other, indicate type			

## SECTION 3 - MEDIA CREDIT REFERENCES (please provide a minimum of three)

Name	City/State	Telephone Number	Contact	Account No.	Date of last purchase

Please note: Yellow Pages/Telephone Companies/Utilities are not a potential media reference nor do they give out credit information. If using Tulsa World as a reference, please include your account number.

## SECTION 4 - TRADE REFERENCES (please provide a minimum of two where you have OPEN accounts)

Name	City/State	Telephone Number	Contact	Account No.	Date of last purchase

## AGREEMENT

1. We reserve the right to conduct credit checks of applicants before acceptance of their schedules. By submitting this application, you authorize us to make inquiries of the banking/business/media/trade references that you have supplied.
2. The advertiser and agency are jointly and severally liable for all payments under this Agreement.
3. Payments to the agency or service do NOT constitute payment to us. In the event of default by the agency or service to pay amounts owed under this Agreement, the advertiser is still liable for payment.
4. I understand that the terms are net thirty (30) days from date of invoice. Claims arising from invoices must be made within thirty (30) working days of the date of the invoice.
5. Applicant (if agency, in-house agency, or buying service) represents that Third Parties will immediately be notified of the terms hereof.
6. This Agreement is governed by the laws of the State of Oklahoma.
7. Applicant certifies that all statements and information included on this form are (a) true, correct and complete, and (b) made for the purpose of obtaining credit; and that all officers, owners, or employees are authorized to purchase advertising.

Account Executive to fill out (Account Set-up):	SIGNATURE	
Agency Name:	By signing below, I certify that I am authorized by my company to sign this application, and I agree to all terms set forth herein.	
Advertiser Name:	Advertiser	
Contact Name:	Authorized Advertiser Signature: (Required)	
Phone #:	Print Name	Title
Total Order Amount:	Authorized Agency Signature: (Required)	
AE:	Print Name	Title
	Date:	