

CREDIT APPLICATION

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:	Phone: 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:		KWTV/KSBI, Oklahoma City 9 Outdoor, Oklahoma City News9.com, Oklahoma City News 9 Now, Oklahoma City KWTV/KSBI, Oklahoma City	Yes Yes Yes Yes Yes	KOTV/KQCW, Tulsa 6 Outdoor, Tulsa Newson6.com, Tulsa News on 6 NOW, Tu KOTV/KQCW, Tulsa	Yes a Yes ulsa Yes						
Do you have an account/credit with any of the following:		9 Outdoor, Oklahoma City News9.com, Oklahoma City News 9 Now, Oklahoma city	Yes Yes Yes	6 Outdoor, Tulsa Newson6.com, Tulsa News on 6 NOW, Tu							
Applicant is: (Check One)		Advertising Agency Other, please specify:	In-House Agency	Buying Service	Advertiser						
If Agency, name of Advertiser:											
Please indicate business entity type and provide the information requested Attach additional sheets as necessary.											
Sole Proprietorship: Provide legal name of Proprietor, Resident Address, Resident Telephone. Social Security No.											
Partnership: Provide Name, Address, Telephone and Social Security No. for general/limited partner(s)											
Corporation: Provide Name, Address, Telephone and Social Security No. for officers and directors											
Limited Liability Company Provide Name, Address, Telephone and Social Security No. for officers and managing member(s)											
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:	Missing the State and State of the State of		Contact:								
Bank Address:	Phone:										
City:			State:		ZIP Code:						
ype of account Account Number		er	Account Number		Account Number						
Savings											
Checking											
Loan											
Other, indicate type											
Other, maiota type	SECTION 3 - MEDIA	CREDIT REFERENCES	(please provide a minimum	of three)							
Name	City/State	Telephone Number	Contact	Accou	nt No. Date of last purchase						
					T 1 14/ 11						
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 REFEREN	ICES (please provide a n	ninimum of two where you ha	ve OPEN accou	nts)						
Name	City/State	Telephone Number	Contact	Accou	Account No. Date of last purcha						
		AGREEME	NT								
Company of the second											
We reserve the right to conduct cre business/media/trade references that		cceptance of their sched	lules. By submitting this appli	cation, you autho	orize us to make	inquiries of the banking/					
2. The advertiser and agency are joir	ntly and severally liable for all pays	ments under this Agreem	nent.								
3. Payments to the agency or service	e do NOT constitute payment to us	s. In the event of default	by the agency or service to p	ay amounts owe	d under this Agre	eement, the advertiser is					
still liable for payment.											
4. I understand that the terms are ne	t thirty (30) days from date of invo	ice. Claims arising from	invoices must be made within	thirty (30) work	ing days of the d	ate of the invoice.					
5. Applicant (if agency, in-house age	ncy, or buying service) represents	that Third Parties will im	nmediately be notified of the t	erms hereof.							
6. This Agreement is governed by the											
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.											
officers, owners, or employees are as	autorized to paroriage advertising.		All the second s								
Account Executive to fill out (Account Set-up): Agency Name:		SIGNATURE									
		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 Sigr	nature: (Required)								
					•						
AE:		Print Name			Title						
		Date:									
		Date.									