

### The Free Lance-Star

616 Amelia Street  
Fredericksburg, VA 22401  
Phone: 540/374-5534  
Fax: 540/368-5012  
Attn: Credit Department  
Lalsop@freelancestar.com

### Radio Group

616 Amelia Street  
Fredericksburg, VA  
22401  
Phone: 540/373-1500  
Fax: 540/374-5525  
Attn: Credit Department  
Sridgeway@wfls.com

<b>For Accounting Use Only</b>		<i>Revised 02/11</i>
A/R # _____	Credit Limit: _____	
Radio # _____	Date Processed: ___/___/___	
Class # _____	Letter Sent: _____	
Salesperson _____		

### APPLICATION FOR CREDIT

**\*Application must be filled out in its entirety and signed\***

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Amount of Credit Requested: \_\_\_\_\_

Business/Corporate Name \_\_\_\_\_

Trade/Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing/Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

Accounts Payable Phone: ( ) \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Are Purchase Orders Required? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent Company or Home Office: \_\_\_\_\_

Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Corporation: \_\_\_\_\_ \*Partnership: \_\_\_\_\_ \*Proprietorship: \_\_\_\_\_ \*Other: \_\_\_\_\_

Date You Started In Business \_\_\_\_\_  
or Assumed Control: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Number of Employees: \_\_\_\_\_

Nature/Type of Business: \_\_\_\_\_  
(Advertising agencies complete page 3)

Name or Previous Business or Employer: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Officers or Principals:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ SS# (required) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ SS#(required) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ SS#(required) \_\_\_\_\_

(\*Social Security Number Required)

We do \_\_\_\_\_ do not \_\_\_\_\_ report to Dun & Bradstreet. D&B Rating: \_\_\_\_\_

State Corporation Commission Number \_\_\_\_\_

Have you previously advertised with us? \_\_\_\_\_ Accounting Number: \_\_\_\_\_

Name on account: \_\_\_\_\_

**Bank References: C-Checking S-Savings L-Loan**

1. \_\_\_\_\_

Business Name	Contact Name	Account Number	Account Type
Address		City	State Zip ( )
			Phone Number

2. \_\_\_\_\_

Business Name	Contact Name	Account Number	Account Type
Address		City	State Zip ( )
			Phone Number

**Credit References: Media/Trade References Preferred**

1. \_\_\_\_\_

Name	Account Number	Phone Number ( )
Address	City	State Zip

2. \_\_\_\_\_

Name	Account Number	Phone Number ( )
Address	City	State Zip

3. \_\_\_\_\_

Name	Account Number	Phone Number ( )
Address	City	State Zip

**RETURN CHECK FEE: \$25.00**

This information is accurate and true to the best of my knowledge. The Free Lance-Star is authorized to make such inquiries as it is deemed necessary to investigate references and other sources pertaining to credit and financial responsibility of the applicant.

I/We understand that I am/we are responsible for payment of services rendered, including reasonable attorney's fees and costs of collection in the event of default. The applicant agrees to pay the account within terms as stated on current rate card/contract. If not paid within stated terms, I agree to pay finance charges of a 1 1/2% per month (Annual rate 18%) on past due amounts.

(Please allow one week for processing.)

**APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY AND SIGNED**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Credit Inquiries: [credit@freelancestar.com](mailto:credit@freelancestar.com)

Billing Inquiries: [billing@freelancestar.com](mailto:billing@freelancestar.com)

**IF APPLICATION IS INCOMPLETE IT WILL NOT BE PROCESSED**

**Agency Liability:**

All invoices are payable in 20 days. No cash discounts are allowed. Unless a signed agency authorization form is on file with publisher, agency assumes full liability of payment for advertising orders they place.

Note: Publisher reserves the right to (1) notify advertiser if advertiser's agency has not paid in full within 90 days of invoice date, and (2) to hold advertiser responsible for payment in full if advertiser's agency declares bankruptcy, or otherwise does not pay within 90 days of invoice date.

Agency: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_