

The Free Lance-Star/Star Directory

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

For Accounting Use Only		<i>Revised 10/05</i>
A/R # _____	Credit Limit: _____	
Radio # _____	Date Processed: ___/___/___	
Class # _____	Letter Sent: _____	
Star Directory # _____	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) _____

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

Billing Inquiries: 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: _____