

# The Virginian-Pilot

Credit Department  
PO Box 449  
Norfolk, VA 23501-0449  
Phone: (757) 446-2773  
Fax: (757) 640-0576

## TO BE COMPLETED BY SALES REPRESENTATIVE

Salesperson: \_\_\_\_\_ Sales No. \_\_\_\_\_  
Date Submitted: \_\_\_\_\_ Acct No. \_\_\_\_\_  
Salesperson Phone No.: \_\_\_\_\_

## CREDIT APPLICATION

Thank you for your interest in our products. Please fill out this application as completely as possible. If you have any questions while filling out this form, please call the CREDIT DEPARTMENT at (757) 446-2773. Return the completed form to your salesperson or mail to the address listed above.

Corporate Name: \_\_\_\_\_ Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_ Phone No. \_\_\_\_\_

Approximate amount of monthly credit desired: \$ \_\_\_\_\_

Is your business a: Proprietorship  Partnership  Limited Partnership  Limited Liability Company  Corporation

Incorporated in City and State of: \_\_\_\_\_

If a Corporation, would the Principle(s) Officer(s) of the Corporation be willing to execute a personal guaranty to secure credit for the Corporation? Yes  No

If a Corporation, name and address of Registered Agent: \_\_\_\_\_

If a L.L.C., list members or managers of L.L.C. \_\_\_\_\_

## PRINCIPALS OF BUSINESS ARE:

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS No. \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

If less than 1 year, previous address: \_\_\_\_\_

Previous Employment: \_\_\_\_\_ Years: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS No. \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

If less than 1 year, previous address: \_\_\_\_\_

Previous Employment: \_\_\_\_\_ Years: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS No. \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

If less than 1 year, previous address: \_\_\_\_\_

Previous Employment: \_\_\_\_\_ Years: \_\_\_\_\_

**TRADE REFERENCES:**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDIA REFERENCES:**

1. Name: \_\_\_\_\_ Account No: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

2. Name: \_\_\_\_\_ Account No: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

3. Name: \_\_\_\_\_ Account No: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**BANKING REFERENCES:**

1. Bank & Branch: \_\_\_\_\_ Address: \_\_\_\_\_

2. Bank & Branch: \_\_\_\_\_ Address: \_\_\_\_\_

Dun and Bradstreet Number (if available) \_\_\_\_\_

Attach Financial Statement (if available) \_\_\_\_\_

I/We hereby verify that the above information is true and correct. Individually and on behalf of the business, I/we grant permission for any person or consumer/credit reporting agency to furnish to you any and all information which may be requested from time to time for your business purposes. I/we agree to pay for any and all advertising under and pursuant to my/our accounts, whether ordered by me/us or any person representing himself/itself to be our agent, employee or representative. I/We agree to give 30 days prior written notice to a representative of the credit department of a change of any business ownership and to remain obligated for any extension of credit until 30 days after said notice is received. The undersigned agrees to pay all monthly statements by the 15<sup>th</sup> of the following month. In the event of delinquency of any account, I/we agree to pay for all collection costs, including attorney's fees of one-third (1/3) of the delinquent amount, regardless of whether judicial action is taken. Sales personnel are not authorized to negotiate, alter, amend or change any credit terms, terms for payment of any past due debt or the like. All notices shall be directed to the Credit Department and addressed to the Credit Manager. Application must be completed and approved by Credit Department before Advertising/Credit becomes effective.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_