

The Chronicle Credit Application and Agreement

Box 90858, Duke University, Durham, NC 27708 – Phone (919) 684-3811 – Fax (919) 668-1247

ACCOUNT INFORMATION

Owner(s)

Name: (1) _____ SS#: _____

(2) _____ SS#: _____

Corporate/Federal ID #: _____ How Long at Location? _____

Business Name: _____

Business Address: _____

Advertising Contact: _____ Phone #: (____) _____

Advertising Agency: _____
(if applicable)

Billing Address: _____
(if different from above)

Billing Contact: _____ Phone #: (____) _____

Corporate Office: _____ Contact: _____
(if applicable)

Address: _____ Phone #: (____) _____

Other Businesses Owned/Locations: _____

Purchase Order Required: Yes No PO #: _____ # of Tearsheets: _____

CREDIT INFORMATION

Banking References	Address	Phone	Contact Person

Credit References	Address	Phone	Account #

Media References	Address	Phone	Contact Person

I authorize all vendors to release credit information concerning the above listed account name. I have reviewed, understand and agree to *The Chronicle's* advertising policies, terms and conditions as outlined in the current rate card.

Authorized Signature: _____ Title: _____ Date: _____

OFFICE USE ONLY:

Account Rep: _____ Account Type: O N C N/P Account #: _____ Approved: _____

Credit Status: A-Standard, B-Credit Limit \$_____, D-Prepay, Other _____ Date: _____