



401 River Road • Claremont, NH 03743  
(603) 543-3100 / (800) 545-0347 • FAX: (603) 542-9705 •

## CREDIT APPLICATION

Credit Extension Requested \$ \_\_\_\_\_ Salesperson \_\_\_\_\_

Legal Business Name of Applicant \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Tel # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Nature of Business \_\_\_\_\_ Year Started \_\_\_\_\_

Type of Business (check one)  Sole Proprietorship  Partnership  LLC  Corporation FED. ID # \_\_\_\_\_

Account Type (check one)  Open Credit  Prepaid (account # needed for space/money placement)

Tearsheets  YES  NO

Anticipated Monthly Volume (check one)  Less than \$250  More than \$250

### OWNERS/OFFICERS

President/Owner \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Tel # \_\_\_\_\_

Partner/Treasurer \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Tel # \_\_\_\_\_

A/P Name \_\_\_\_\_ Tel # \_\_\_\_\_ Fax # \_\_\_\_\_

### BANK REFERENCE

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Bank Tel # \_\_\_\_\_ Fax # \_\_\_\_\_

Loan/Bank Officer \_\_\_\_\_ Checking Acct # \_\_\_\_\_

### SUPPLIER CREDIT REFERENCES

Supplier Name	City/State	Tel #	Fax #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**CONDITIONS OF SALE AND CREDIT EXTENSION-** Applicant agrees to abide by the terms and conditions of sale applicable to each transaction made on an account established by Seller in Applicant's name, which terms and condition shall include the General Terms and Condition of Order acknowledgement set forth. Terms are net 20 days. Balances more than 60 days old will be charged 1.5% per month. Should it become necessary to place an Account for Collections, Applicant further agrees to pay all actual cost of collection, including actual attorney's fees whether or not litigation is commenced or prosecuted to final judgment.

In the event Applicant sells, transfers or changes ownership or legal structure of its business, Applicant agrees to provide written notice to credit department of the Seller, which notice must actually be received. Until Applicant provides such notice, Applicant agrees to be liable for all transactions made on an Account.

All credit availability decisions with respect to the extension and continuation of credit shall be at the sole discretion of Seller. Seller may terminate credit availability at its discretion without notice.

Applicant hereby affirms that the information contained in this application is true, complete, correct, and that the Seller can rely on this information.

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH TERMS OF SALE.

Signed By \_\_\_\_\_ Position \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

FOR USE BY TWIN STATE VALLEY MEDIA NETWORK:

OPEN ACCOUNT CODE \_\_\_\_\_ INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

