

# Daily Commercial

"Your First Choice" • In-Print & On-Line

A HarborPoint Media Publication

212 E. Main Street, Leesburg, FL 34748  
Phone (352) 365-8200 • Fax (352) 365-1951

## CREDIT APPLICATION

Please fax credit application to:  
**(352) 365-1951**

# SOUTH LAKE PRESS

A HarborPoint Media Publication

732 W. Montrose Street, Clermont, FL 34711  
Phone (352) 394-2183 • Fax (352) 394-8001

All information provided in this application is confidential, and for the express use by The Daily Commercial and South Lake Press, so we may better serve your needs. Upon completion of this application, please fax or mail to the above, attention: accounting.

### BUSINESS INFORMATION:

Requested Credit Limit \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Multiple Area Locations?  Yes  No If yes, how many? \_\_\_\_\_ Any future locations?  Yes  No

List Locations: \_\_\_\_\_

Gross Annual Sales: \$ \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Fiscal Year: \$ \_\_\_\_\_ Beginning Month: \_\_\_\_\_ Ending Month: \_\_\_\_\_

When did you start Your Business? Month \_\_\_\_\_ Year \_\_\_\_\_

Key Annual Events & Dates: \_\_\_\_\_

Do you have a website?  Yes  No If yes, website address: \_\_\_\_\_

Annual Advertising Budget: \$ \_\_\_\_\_

Budget Planning:  Annually  SemiAnnually  Quarterly  Monthly

Types of Media Used:

- |                                      |                                   |                                       |                                  |
|--------------------------------------|-----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Newspaper   | <input type="checkbox"/> Magazine | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Inserts |
| <input type="checkbox"/> Television  | <input type="checkbox"/> Network  | <input type="checkbox"/> Cable        | <input type="checkbox"/> Radio   |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Internet | <input type="checkbox"/> Billboard    | <input type="checkbox"/> Other   |

Do you earn Co-op/Vendor dollars?  Yes  No

Would you like to be contacted by our Co-op Manager?  Yes  No

Is media placed through an advertising agency?  Yes  No

Agency Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Account Executive: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Media Buyer: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## CREDIT INFORMATION & REFERENCES

|  |                         |  |                                   |
|--|-------------------------|--|-----------------------------------|
| Type of ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation |                         | Incorporated: <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |
| Corporate Name: _____  |                         | Federal ID Number: _____   |                                   |
| Principal Owner Name: _____  |                         | SS#: _____ Title: _____  |                                   |
| Accounts Payable Contact: _____  |                         |  |                                   |
| Telephone: (    ) _____  |                         | Fax: (    ) _____ E-Mail: _____  |                                   |
| <b>BANK</b>  | Name: _____             |  | Account Number: _____             |
|  | Address: _____          |  | City/State: _____ Zip Code: _____ |
|  | Telephone: (    ) _____ |  | Fax: (    ) _____ E-Mail: _____   |
| <b>MEDIA</b>   | Name: _____             |  | Account Number: _____             |
|  | Address: _____          |  | City/State: _____ Zip Code: _____ |
|  | Telephone: (    ) _____ |  | Fax: (    ) _____ E-Mail: _____   |
| <b>TRADE</b>   | Name: _____             |  | Account Number: _____             |
|  | Address: _____          |  | City/State: _____ Zip Code: _____ |
|  | Telephone: (    ) _____ |  | Fax: (    ) _____ E-Mail: _____   |

## BILLING INFORMATION:

|   |
|---|
| CHECK ONE: <input type="checkbox"/> Direct <input type="checkbox"/> Agency <input type="checkbox"/> Other |
| <i>If other:</i>  |
| Contact Name: _____   |
| Address: _____ City/State: _____ Zip Code: _____  |
| Telephone: (    ) _____ Fax: (    ) _____ E-Mail: _____   |

Customer agrees to pay service charges of 1 and 1/2% per month from the due date of each invoice to date of payment. In the event your account is placed in collection, customer agrees to pay a reasonable amount in attorney's (collection) fees.

Authorize for release of credit information: I certify that the information provided in the application is true and correct. I hereby authorize the release of credit information requested by The Daily Commercial and South Lake Press relevant to the above account. If the applicant is a corporation, the undersigned, whether or not he/she is an officer of the corporation, does personally guarantee payment of all bills. I/we hereby agree to the terms and conditions of purchases charged to this account and if these conditions are not met, I/we are personally liable for all court costs and attorney fees incurred to collect the outstanding balance.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed: \_\_\_\_\_

### TO BE COMPLETED BY THE DAILY COMMERCIAL BUSINESS OFFICE

|   |            |                   |  |                        |  |                    |  |
|---|------------|-------------------|--|------------------------|--|--------------------|--|
| BUSINESS CODE:  |            | ACCOUNT NUMBER:   |  | ACCOUNT EXECUTIVE:     |  | SALES #            |  |
| NUMBER OF TEARSHEETS  | DELIVERED: |                   |  | MAILED:                |  | ATTACH TO INVOICE: |  |
| CO-OP DOCUMENTATION: <input type="checkbox"/> YES <input type="checkbox"/> NO |            | DELIVERED         |  | MAILED                 |  | ATTACH TO INVOICE  |  |
| SIGNED : CONTRACT   | RETAIL     |                   |  | CLASSIFIED             |  | INTERNET           |  |
| AD CLASSIFICATION:  |            | DATABASE RECEIPT: |  | ENTERED BY ACCOUNTING: |  |                    |  |