



1633 BROADWAY, 40TH FLOOR
NEW YORK, NEW YORK 10019
(212) 767-4643

Sales Rep: _____ Magazine/Website: _____

CONFIDENTIAL CREDIT APPLICATION

Name: _____

Address: _____
(P.O Box Not Acceptable)

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Web Address: _____ A/P E-mail: _____

A/P Contact: _____ A/P Phone: () _____

Advertiser: Agency: If Agency, List Advertiser: _____

Type of Business: _____ Years in Business: _____

Corporation: Partnership: Proprietorship: Other: _____

Incorporation: State: _____ Date: _____ Federal Tax ID#: _____

List DBAs: 1: _____ 2: _____

BILL-TO ADDRESS (IF DIFFERENT FROM ABOVE)

Name: _____

Street: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

REFERENCES (MEDIA REFERENCES PREFERRED, TRADES ACCEPTABLE)

1. Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

2. Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

3. Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: Jan Barksdale
Phone: (212) 767-4643
Fax: (212) 767-4613
E-Mail: Jbarksdale@hfmus.com

BANK

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Bank Officer: _____

Account #: _____

OTHER INFORMATION

	Yes	No
Are the applicant or its principals, partners or owners guarantors of the debts of another?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any unsatisfied judgments against the firm?	<input type="checkbox"/>	<input type="checkbox"/>
Has applicant ever failed in business, become insolvent or made assignments for the benefit of creditors?	<input type="checkbox"/>	<input type="checkbox"/>
Has applicant ever been subject of bankruptcy or similar proceeding?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any of the above questions, please detail on a separate piece of paper.

ATTENTION AGENCIES: If client is to be responsible for payment, WRITTEN authorization from said client must be submitted. However, Agencies acknowledge their liability for payment.

Everything stated in this application is true to the best of my knowledge. You are authorized to inquire of trade creditors, banks, other credit references, and obtain such information from them as is necessary for evaluation of this credit application.

TERMS

Out terms are NET CASH 30 DAYS from invoice date.

Prepayment is required from companies without established credit. In the event payment is not made strictly in accordance with the terms, advertising agencies will be liable to charge equal to any agency commission if a third party is engaged to effect collection. Unless written objection is made within 30 days of the date of rendering any invoice, such invoice will be conclusive as to the correctness of the items therein set forth and shall constitute an account stated.

THE FOREGOING IS UNDERSTOOD, AGREED TO AND ACCEPTED BY:

Signed: _____

Name (Printed): _____

Title: _____ Date: _____