

# Application for Credit

Firm Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Own/Rent \_\_\_\_\_  
Type of Business \_\_\_\_\_ Owned Since \_\_\_\_\_ Rent Amount \_\_\_\_\_  
Ownership: Sole Ownership \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Owner Name \_\_\_\_\_ Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Partners (1) Name \_\_\_\_\_ Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

(2) Name \_\_\_\_\_ Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Corporation President \_\_\_\_\_ Treasurer \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Vice President \_\_\_\_\_ Secretary \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Federal I.D. Number \_\_\_\_\_

Bank \_\_\_\_\_ Acct. # \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_  
Officer \_\_\_\_\_ Phone \_\_\_\_\_

## Media References

1) Name \_\_\_\_\_ Phone \_\_\_\_\_ Highest Amount of Credit \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_ Highest Amount of Credit \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_ Highest Amount of Credit \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Customer acknowledges and warrants that the above information on the Application for Credit is true and may be relied upon by Zia Publishing Corp. If credit is approved, all payments shall be net cash 15 days from the date of any invoice. If payment is not made when due, interest may be charged and customer agrees to pay interest at the rate of 1.5% per month on the unpaid balances. Customer agrees to pay all reasonable attorney's fees of Zia Publishing Corp. in collection of any sums due Zia Publishing Corp.

THIS DOCUMENT IS TO SERVE AS MY AUTHORIZATION FOR \_\_\_\_\_ BANK TO DISCLOSE AN ACCOUNT RATING ON MY ACCOUNT TO ZIA PUBLISHING CORP. UPON THEIR REQUEST. I authorized the release of credit history, which I understand will be strictly confidential.

Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



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