



### APPLICATION FOR CREDIT

Fax completed form to Credit Department: (360) 715-2259

Amount you plan to spend each month with The Bellingham Herald: \$ \_\_\_\_\_

Business/Corporate Name: \_\_\_\_\_

dba: \_\_\_\_\_

Physical address: \_\_\_\_\_  
(street) (city) (state) (zip)

Mailing address: \_\_\_\_\_  
(street or PO) (city) (state) (zip)

Phone Number: ( ) \_\_\_\_\_ Accounts payable phone: ( ) \_\_\_\_\_

Date of incorporation/ownership: \_\_\_\_\_ Type of business \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Parent Company: \_\_\_\_\_

Ad Agency Name: \_\_\_\_\_

Ad Agency Address: \_\_\_\_\_  
(street or PO) (city) (state) (zip)

### COMPANY PROFILE

Corporation  Principal/Owner  Partnership  Franchise  Proprietorship  Limited Liability

Principal/Owner/Partner/Officer Name \_\_\_\_\_ SSN: \_\_\_\_\_

Residence \_\_\_\_\_  
(street) (city) (state) (zip)

Principal/Owner/Partner/Officer Name \_\_\_\_\_

Residence \_\_\_\_\_  
(street) (city) (state) (zip)

Have you ever filed bankruptcy?  YES  NO If yes, when? \_\_\_\_\_

Under what name? \_\_\_\_\_

Name(s) of person(s) authorized to place advertising: \_\_\_\_\_

Name of person responsible for paying invoices: \_\_\_\_\_

Payers address: \_\_\_\_\_  
(street) (city) (state) (zip)

Tearsheets required? \_\_\_\_\_ Number of tearsheets: \_\_\_\_\_

