



ADVERTISING & BUSINESS
1250 Bellflower Blvd., SSPA 010B
Long Beach, CA 90840-4601
562/985-8001 • FAX 562/985-1740
• http://daily49er.csulb.edu
• http://www.csulb.edu/~univmag/

Please read and complete all sections of this form. All information must be provided. Applications which are not completely filled out will not be processed. All information will be kept confidential.

Company Name: _____ Phone: () _____
dba: _____ Years in Business: _____ Year Incorporated: _____
Sole Ownership: [] Partnership: [] Corporation: [] Federal Tax No.: _____
Address: _____ City/State/Zip: _____
Bill to (if different than above): _____ Type of Business: _____

OFFICERS OR PRINCIPALS NAME AND ADDRESS:

Name: _____ Title: _____ Social Security #: _____
Address: _____ City/State/Zip: _____
Home Phone #: () _____ Drivers License #: _____ State: _____
Name: _____ Title: _____ Social Security #: _____
Address: _____ City/State/Zip: _____
Home Phone #: () _____ Drivers License #: _____ State: _____

CREDIT REFERENCES:

Name: _____ Phone #: () _____ Acct. #: _____
Address: _____ City/State/Zip: _____
Name: _____ Phone #: () _____ Acct. #: _____
Address: _____ City/State/Zip: _____
Name: _____ Phone #: () _____ Acct. #: _____
Address: _____ City/State/Zip: _____

D & B Rating : _____

BANK:

Name: _____ Phone #: () _____ Acct. #: _____
Address: _____ City/State/Zip: _____
Contact Person: _____

Please attach any additional information the company feels pertinent to the review of this application. The Daily Forty-Niner Office reserves the right to revoke credit granted at any time or to adjust credit lines on any account.

I certify that I am authorized to sign on behalf of the Company, and that all information on this application is complete and correct. I authorize Daily Forty-Niner to investigate the Company's creditworthiness, credit history and financial responsibility through any credit bureau or by any other reasonable means, including direct contact with past and present creditors. I also authorize banks and other financial institutions to provide to the Forty-Niner information about the Company's savings/checking accounts and loans in connection with this investigation. If credit is extended as a result of this application, the Company agrees to make payments promptly in accordance with Forty-Niner terms and conditions stated below.

APPLICANT'S SIGNATURE: _____ DATE: _____
NAME: _____ TITLE: _____

TERMS: NET 30 DAYS: A late penalty of 1.75% per month, or the maximum amount allowed under state law, will be charged to past due invoices. Any discrepancies must be reported to us within 15 days of invoice date.

Action: Received _____ Verified _____ Decision Approved _____ Denied _____ By: _____ Date: _____
Credit Line Requested: _____ Credit Line Approved: _____ By: _____ Date: _____