



ALTERNATIVE WEEKLY NETWORK

Application for Credit

Business Profile

Legal Business Name: _____

Business Address: _____

City _____ State _____ Zip _____

Billing Address: _____

(If Different from Above)

City _____ State _____ Zip _____

Business Contact: Name: _____ Title: _____

Phone # _____ Fax # _____ E-mail _____

Type of Business: Corporation Partnership Sole Proprietorship

Bank Information

Name of Bank: _____ Account #: _____

Bank Address: _____

Bank Contact: Name: _____ Title: _____

Phone # _____ Fax # _____

Media References

(#1) Business Name: _____

Business Address: _____

City _____ State _____ Zip _____

Business Contact: Name: _____ Title: _____

Phone # _____ Fax # _____

(#2) Business Name: _____

Business Address: _____

City _____ State _____ Zip _____

Business Contact: Name: _____ Title: _____

Phone # _____ Fax # _____

(#3) Business Name: _____

Business Address: _____

City _____ State _____ Zip _____

Business Contact: Name: _____ Title: _____

Phone # _____ Fax # _____

- Credit and Payment Terms:**
- Payment in advance is required until credit has been established.
 - To establish credit, this form must be completed and returned to AWN (2) weeks prior to run date.
 - The applicant must supply a minimum of (3) complete media references to be considered.
 - Clients with an open line of credit will be required to pay invoices within 30 days of receipt.

I the undersigned, authorize AWN to obtain any information required concerning this statement and application hereon and affirm that the information is correct and true.

Client Signature: _____ Title: _____ Date: _____

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