





REQUIRED INFORMATION

INDIVIDUAL BUSINESS ENTITY
Fax #:
S PROFILE •
RSHIP LIMITED PARTNERSHIP CORPORATION
Social Security Number:
Social Security Number:
Social Security Number:
Social Security Number:
Federal Tax I.D. #:
Social Security Number:
E INFORMATION •
Account Number:
Account Number:
RMATION - 3 REQUIRED •
Account Number:
Phone Number
Account Number:
Phone Number
Account Number:
Phone Number

Complete and sign the Credit Application and EITHER Save and Email Back - OR - Print & Fax both pages to the Advertising Department at 503-546-0702

ADVERTISING AGENCY INFORMATION * IF APPLICABLE *•

Agency Name:	Agent's Name:
Address:	
	Account Number:
Do your insertion orders o	ontain payment disclaimers?: YES NO
If Yes: Please Fax a Co	by (Front and Back) of your insertion order to 503-546-0702
	• AUTHORIZATION •
vertiser to investigate the references herein listed or stapertaining Applicant's credit and financial responsibility. all invoices within the agreed period of time, as determ Applicant further agrees that if the services provided by rate of 1½% per month until paid, or at the rate applicable.	accorp. ("Advertiser") and/or any credit bureau or other investigative agency employed by Adatements or other data obtained from Applicant or any authorized representative of Applicant. In consideration of the extension of credit by Advertiser to Applicant, Applicant agrees to pay nined in Advertiser's Advertising Rate Agreement and any other document sent to Applicant. Advertiser shall remain unpaid past the due date, the unpaid amount shall bear interest at the le by law, until paid. In the event that Advertiser files any suit or action to collect money due on at or both, Applicant agrees to pay, in addition to the amount owed, all legal fees and collection less.
Applicant's Signature:	Date:
Applicant's Name:	Applicant's Title:
• UNCONE	DITIONAL PERSONAL GUARANTEE •
Advertiser the full and prompt performance by Applicant when due of all sums presently and hereafter owing by Advertiser may sustain and expenses Advertiser may incer, Advertiser's assignees, estate, or personal represent personal information provided in this Credit Application shall be deemed to have become immediately due and	owledged and intending to be legally bound hereby, Guarantor unconditionally guarantees to of all obligations which Applicant presently and hereafter may have to Advertiser and payment Applicant to Advertiser. Guarantor hereby agrees to indemnify Advertiser against any losses cur as a result of Applicant's breach of every covenant, debt, and agreement owed to Advertistatives. Guarantor hereby authorizes Advertiser to obtain credit reports based on Guarantor's . For the purposes of this guaranty and indemnity, all sums owing to Advertiser by Applicant payable if (a) Applicant defaults in any of its obligations to Advertiser or (b) Applicant files a , as amended, or for the appointment of a receiver, agency fees incurred, including reasonable
Guarantor's Signature:	Social Security Number:
Address:	