

# TIMES OBSERVER

P.O. Box 188 Warren, PA 16365-0188  
(814) 723-8200

PRIOR TO THE RETURN AND APPROVAL OF THIS COMPLETED FORM, ALL PRINTING MUST BE PREPAID

## CREDIT APPLICATION

CORPORATION       LIMITED PARTNERSHIP       PARTNERSHIP       INDIVIDUAL

### APPLICANT PROFILE

|  |                              |  |  |              |            |
|--|------------------------------|--|--|--------------|------------|
| APPLICANT'S COMPLETE LEGAL NAME  |                              | DBA NAME (IF APPLICABLE)   |  |              |            |
| BUSINESS ADDRESS   | CITY                         | STATE  | ZIP CODE                                       | PHONE NUMBER |            |
| BILLING ADDRESS  | CITY                         | STATE  | ZIP CODE                                       | PHONE NUMBER |            |
| NO. OF YRS. ESTABLISHED  | DATE PRESENT OWNERSHIP BEGAN | CREDIT LIMIT REQUESTED   | FREQUENCY OF PRINTING, (WEEKLY, MONTHLY, ETC.) |              |            |
| HAVE YOU PREVIOUSLY PRINTED WITH US?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | UNDER WHAT NAME?             | ACCOUNT NUMBER   | DATE   |              |            |
| IF PARTNERSHIP OR INDIVIDUAL, PLEASE COMPLETE USE ADDITIONAL SHEETS IF NECESSARY   | OWNER/PARTNER NAME           | LIMITED /PARTNER?<br><input type="checkbox"/> YES <input type="checkbox"/> YES | SOCIAL SECURITY NUMBER                         |              | HOME PHONE |
|  | HOME STREET ADDRESS          | CITY   | STATE  | ZIP CODE     |            |
|  | OWNER/PARTNER NAME           | LIMITED /PARTNER?<br><input type="checkbox"/> YES <input type="checkbox"/> YES | SOCIAL SECURITY NUMBER                         |              | HOME PHONE |
|  | HOME STREET ADDRESS          | CITY   | STATE  | ZIP CODE     |            |
| IF INCORPORATED, PLEASE COMPLETE AND INDICATE DATE AND STATE OF INCORPORATION<br><br><u>STATE OF INCORP.</u><br><br><u>DATE OF INCORP.</u> | OFFICER NAME                 | TITLE  | SOCIAL SECURITY NUMBER                         |              | HOME PHONE |
|  | HOME STREET ADDRESS          | CITY   | STATE  | ZIP CODE     |            |
|  | OFFICER NAME                 | TITLE  | SOCIAL SECURITY NUMBER                         |              | HOME PHONE |
|  | HOME STREET ADDRESS          | CITY   | STATE  | ZIP CODE     |            |

### BANK REFERENCES

|                     |         |         |                               |                |
|---------------------|---------|---------|-------------------------------|----------------|
| BANK NAME & ADDRESS | CONTACT | PHONE # | TYPE OF ACCOUNT               | ACCOUNT NUMBER |
| BANK NAME & ADDRESS | CONTACT | PHONE # | TYPE OF ACCOUNT<br>CK SV LOAN | ACCOUNT NUMBER |
| BANK NAME & ADDRESS | CONTACT | PHONE # | TYPE OF ACCOUNT<br>CK SV LOAN | ACCOUNT NUMBER |

### PRINTING/TRADE REFERENCES - FOUR REQUIRED WITH COMPLETE ADDRESS & PHONE NUMBER

|                 |                |              |                          |
|-----------------|----------------|--------------|--------------------------|
| NAME            | CONTACT PERSON | ACCT. NUMBER | HOW LONG TRADED?         |
| MAILING ADDRESS | CITY           | STATE        | ZIP CODE    PHONE NUMBER |
| NAME            | CONTACT PERSON | ACCT. NUMBER | HOW LONG TRADED?         |
| MAILING ADDRESS | CITY           | STATE        | ZIP CODE    PHONE NUMBER |
| NAME            | CONTACT PERSON | ACCT. NUMBER | HOW LONG TRADED?         |
| MAILING ADDRESS | CITY           | STATE        | ZIP CODE    PHONE NUMBER |
| NAME            | CONTACT PERSON | ACCT. NUMBER | HOW LONG TRADED?         |
| MAILING ADDRESS | CITY           | STATE        | ZIP CODE    PHONE NUMBER |

**NOTE: THIS FORM MUST BE SIGNED ON REVERSE SIDE**

If credit is granted by The Company to or for the benefit of the Applicant to The Company.

Credit granted to Applicant may, at the option of The Company, be canceled at any time upon notice to the Applicant.

The Company is authorized to disclose to proper persons and bureaus Applicant's performance of this agreement.

Applicant agrees to pay The Company for all expenses incurred to enforce collection of any amount due

under this agreement, including reasonable attorney's fees and court costs in connection therewith.

The Company and any of its employees, officers, or agents, are authorized to obtain such information as any of them may require concerning Applicant's credit worthiness or the statements made on this form.

Any person to whom this form is presented is authorized to disclose to The Company and any of its employees, officers, or agents any information requested and Applicant

hereby waives any claim against and fully releases from any and all liability such person by reason of any disclosure.

All statements appearing on this application are true and correct and are made for the purpose of obtaining credit from The Company.

This form and all information secured pursuant to its authority shall be and remain the property of The Company whether or not credit is granted.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE OR POSITION

\_\_\_\_\_  
DATE

*FOR OFFICE USE ONLY*

SALESPERSON \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_

SPECIAL TERMS \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_