

CRAIN COMMUNICATIONS INC

CREDIT APPLICATION

To avoid any delay in processing your order, please fill out completely and mail promptly to the attention of the **CREDIT DEPARTMENT**, 1400 Woodbridge Avenue, Detroit, MI 48207 If you have any questions, please call **(313) 446-0468** FAX # **(313) 446-1680**

LEGAL NAME _____ DBA/ASSUMED NAME (if any) _____

BILLING ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____ YEARS IN BUSINESS _____

DESCRIPTION OF BUSINESS _____ SOLE OWNER PARTNERSHIP CORPORATION

CONTACT PERSON IF THERE IS A QUESTION ON YOUR ACCOUNT _____

OFFICERS, PARTNERS, AND/OR PRINCIPALS

1) NAME _____ TITLE _____ SS# _____

2) NAME _____ TITLE _____ SS# _____

CRAIN PUBLICATIONS IN WHICH YOU WISH TO ADVERTISE _____

CREDIT LINE DESIRED _____ YOUR SALES CONTACT AT CRAIN _____

BANK REFERENCE

NAME _____ ADDRESS _____

ACCOUNT # _____ TYPE _____

PERSON TO CONTACT _____ PHONE _____

MEDIA REFERENCES

TRADE REFERENCES

1) NAME _____ 1) NAME _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

ACCOUNT # _____ ACCOUNT # _____

2) NAME _____ 2) NAME _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

ACCOUNT # _____ ACCOUNT # _____

3) NAME _____ 3) NAME _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

ACCOUNT # _____ ACCOUNT # _____

*ATTN. AGENCIES: If you are acting solely as agent for the advertiser, the advertiser must complete credit application. A letter must also be included explaining who is responsible for payment and to whom billing should be sent.

ADVERTISER FOR WHOM YOU WISH TO PLACE ADVERTISING: NAME _____

ADDRESS _____ PHONE _____

CRAIN COMMUNICATIONS TERMS OF CREDIT ARE DUE UPON RECEIPT OF INVOICE.

**I certify that to the best of my knowledge and belief, the above credit information is correct. Furthermore, I authorize the release of credit information for the purpose of establishing credit with Crain Communications Inc.

SIGNATURE OF PRINCIPAL OR OFFICER _____ SIGNER'S NAME PRINTED _____

COMPANY NAME _____ DATE _____