

New Account Application

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ST. LOUIS POST-DISPATCH

RETAIL NATIONAL/CO-OP CLASSIFIED

NEW CHANGE

Suburban Journals

(PLEASE TYPE OR PRINT INFORMATION ON THIS FORM)

ADVERTISER / ACCOUNT NAME:		SALES REP NAME & NUMBER:		AGENCY NAME or CONTACT:	
BILLING ADDRESS:		AREA CODE & PHONE #:		REQUESTED LINE OF CREDIT?:	
CITY / STATE:	ZIP CODE:	AREA CODE & FAX #:		BILLING CYCLE: <input type="radio"/> DAILY <input type="radio"/> WEEKLY <input type="radio"/> MONTHLY	
PARENT LOCATION (If other than above):		DATE ESTABLISHED:		DATE INCORPORATED:	
CIRCLE ONE: PROPRIETORSHIP PARTNERSHIP CORPORATION		KIND OF BUSINESS:		FRANCHISE ?: <input type="radio"/> YES <input type="radio"/> NO	
E-MAIL ADDRESS:			CELLULAR PHONE NUMBER:		
BANK NAME:				CHECKING ACCOUNT #:	
BANK ADDRESS:		CITY / STATE:	ZIP CODE:	SAVINGS ACCOUNT #:	

NAME, ADDRESS AND TELEPHONE NUMBERS OF OTHER MEDIA AND/OR BUSINESS REFERENCES:

1.)

2.)

3.)

PLEASE ATTACH COPY OF LATEST INCOME STATEMENT AND BALANCE SHEET.

INFORMATION ON OFFICERS, PARTNERS AND/OR PRINCIPAL(S):

NAME:	POSITION:	SOCIAL SECURITY #:
HOME ADDRESS:	CITY / STATE / ZIP CODE:	AREA CODE & HOME PHONE #:
NAME:	POSITION:	SOCIAL SECURITY #:
HOME ADDRESS:	CITY / STATE / ZIP CODE:	AREA CODE & HOME PHONE #:

The above information is submitted only for the purpose of obtaining credit and/or new account information.

Date: _____ Signature: _____ Title: _____

NOTE: This application must be filled in completely and approved by the Credit Department before credit can be granted.

PLEASE RETURN COMPLETED APPLICATION TO THE CREDIT DEPARTMENT, SEND BY MAIL TO:

**ST. LOUIS POST-DISPATCH
900 N. TUCKER BLVD.
ST. LOUIS, MISSOURI 63101**

OR FAX TO: 314-340-3025 OR RETURN TO YOUR ST. LOUIS POST-DISPATCH SALES REP.

FOR OFFICE USE ONLY	CONTRACT?: <input type="radio"/> YES <input type="radio"/> NO	NAME (Tear Sheets are to be sent to, if needed.):			
	TEAR SHEETS: <input type="radio"/> YES <input type="radio"/> NO	ADDRESS (Tear Sheets are to be sent to, if needed.):			
	NUMBER OF ADDITIONAL TEAR SHEETS NEEDED: # _____	CITY/ STATE/ ZIP:			
	PRINT INVOICE: <input type="radio"/> DAILY <input type="radio"/> MONTHLY	PRINT STATEMENT: <input checked="" type="checkbox"/> YES			
	CORPORATE BASE ACCOUNT #:	SUFFIX #:	BILLING / AGENCY:	SIC - CODE:	CLASSIFIED RATE CODE:
	ACCOUNT NUMBER:	CREDIT LIMIT:	MANAGER APPROVAL SIGNATURE:		