

WAPPINGERS FALLS SHOPPER INC. PUBLISHERS OF

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Healthy Lifestyles

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APPLICATION FOR CREDIT

Date _____

Gentlemen:

In applying for credit we represent the following to be facts upon which granting of credit may be based:

Account is to be carried in Name of _____

Address _____ Since _____ 19____

Phone _____

The business is a _____ Co-partnership _____ Corporation _____ Individual

The names and residence addresses of the individual co-partners, (if a corporation, list officers) are:

Name _____ Residence Address _____

Name _____ Residence Address _____

Name _____ Residence Address _____

Trade References (Newspapers and Suppliers)

_____ Street _____ City _____ State

_____ Street _____ City _____ State

_____ Street _____ City _____ State

I individually and as an officer hereby guarantee to pay within the established terms for all purchases charged to my account. The undersigned agrees to pay reasonable legal fees and other costs incurred in collection.

Signed _____

By _____

Please print name