

THE TOLEDO BLADE CO.

1 541 N. SUPERIOR ST., TOLEDO, OH 43660-0910  
(419) 724-6020 FAX (419) 724-6022

STANDARD APPLICATION FOR CREDIT

2 DATE 3 AMOUNT OF CREDIT AVAILABILITY REQUESTED EACH MONTH

4 BUSINESS CORPORATE NAME 5 d/b/a (TRADE STYLE)

6 ADDRESS 7 MAILING ADDRESS

Street Street  
City State Zip City State Zip

8 TELEPHONE NUMBER FAX NUMBER

9 PARENT COMPANY  
Name Address

COMPANY PROFILE

10 Corporation Partnership Limited Partnership Proprietorship Franchise Fed. ID #

11 Date you started business or assumed control: 12 Nature/Type of Business:

13 No. of Employees 14 Name and Address of Previous Business or Employer

15 Officers Or Principals

Name: Title: Residence: SS#  
Spouse: Spouses Occupation: Home Phone: SS#  
Name: Title: Residence: SS#  
Spouse: Spouses Occupation: Home Phone: SS#

16 Has Corporation been registered with the Secretary of State? What State  
Date of Filing:

17 Have you previously advertised with us? Under what name?  
A/C#: Date:

18 CREDIT REFERENCES: Media/Trade References

Name: Street City State Zip Phone Acct.#  
Name: Street City State Zip Phone Acct.#  
Name: Street City State Zip Phone Acct.#  
Name: Street City State Zip Phone Acct.#

19 BANK REFERENCES: C-Checking S-Savings M-Mortgage/Loan CPD-Charge Plate Deposits

Name: Street City State Zip Phone Acct.# and Type  
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20 ADVERTISING AGENCIES MUST ATTACH COPY OF INSERTION ORDER

21 The Toledo Blade Co. does not accept insertion orders containing disclaimers of any kind. I certify that the information provided in the application is true and correct. I hereby authorize the release of credit information requested by The Toledo Blade Co. relevant to the above account. Customer agrees to pay attorney's fees and collection costs incurred in the collection of any delinquent account.

Should a credit availability be granted by The Toledo Blade Co., all decisions with respect to the extension or continuation shall be in the sole discretion of The Toledo Blade Co. The Toledo Blade Co. may terminate any credit availability within its sole discretion.

X \_\_\_\_\_  
Signature of Authorized Officer Title Date  
or Principal  
\*Unable to process unless signed