



TEXAS PRESS ASSOCIATION

305 SOUTH CONGRESS AVE., AUSTIN, TX 78704
(512) 477-6755, FAX (512) 477-6759

APPLICATION FOR CREDIT

BUSINESS INFORMATION

Name of Firm _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Corporation Partnership Proprietorship

Nature of Business _____ Year Established _____

Contact Name for Payment of Invoices _____ Phone Number _____

Principals/Owners (minimum of two if corporation or partnership):

Name/Title _____ Phone _____

Residence Address _____ Social Security # _____

Name/Title _____ Phone _____

Residence Address _____ Social Security # _____

Name/Title _____ Phone _____

Residence Address _____ Social Security # _____

CREDIT REFERENCES

Bank _____ Acct. Number _____

Address/Branch _____ Phone Number _____

Contact Name for Credit Reference _____

Bank _____ Acct. Number _____

Address/Branch _____ Phone Number _____

Contact Name for Credit Reference _____

Media Firm _____ Acct. Number _____

Address/Branch _____ Phone Number _____

Contact Name for Credit Reference _____

Media Firm _____ Acct. Number _____

Address/Branch _____ Phone Number _____

Contact Name for Credit Reference _____

Trade Reference _____ Acct. Number _____

Address/Branch _____ Phone Number _____

Contact Name for Credit Reference _____

CREDIT POLICY

Customers are on a cash basis until credit is established. Full payment is due within 30 days of invoice date. Agency commission will be forfeited if account is not paid within 90 days of invoice date. If an account becomes past due, Texas Press Service reserves the right to deny further credit until balance is paid. The firm named on line one of this form has *sole responsibility* for payment of any balances that accrue to this account, including collection agency charges, attorney fees, court costs and other costs incurred by Texas Press Service in pursuit of collection.

AUTHORIZATION

I/we understand that the information furnished you on this page is for the purpose of obtaining credit from your firm and am/are authorized to bind my/our firm accordingly. In addition I/we agree to personally guarantee payment in full for all services rendered by the Texas Press Service to my/our firm.

Name/Title _____ Date _____

Name/Title _____ Date _____

For office use only.

Date Received by TPS: _____ Approved by _____

Comments _____

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