



**TEXAS PRESS ASSOCIATION**  
 8800 BUSINESS PARK DR., STE 100, AUSTIN, TX 78759  
 (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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