The Post and Courier

Credit Application
134 Columbus Street • Charleston, SC 29403-4800
CREDIT DEPARTMENT (843) 937-5652
CREDIT FAX (843) 937-5653

❑ NEW ACCOUNT

❑ ACCOUNT CHANGE

Business Profile

NAME _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY/STATE/ZIP _____

TELEPHONE _____

FAX _____

EMAIL _____

DATE OF APPLICATION _____

TYPE OF BUSINESS _____

DATE ESTABLISHED _____

CHECK ONE:
❑ Proprietorship
❑ Partnership
❑ Corporation
❑ LLP
❑ LLC

References: Media / Trade / Bank

NAME ACCOUNT NUMBER ADDRESS PHONE NUMBER

1. _____

2. _____

3. _____

BANK _____

Financial Data

Please provide a copy of your current financial statement.

Terms

If an account is established and unless otherwise stated in writing, the balance of the account is due and payable on the billing date. Any amounts that become thirty days past due will be assessed a finance charge of 1.5% per month (18.0% APR). If it becomes necessary to incur collection costs on a delinquent balance, the debtor shall be responsible for all such costs including reasonable attorney fees.

OFFICER OR PRINCIPAL

I certify that I am a duly authorized officer or agent of the company and that all information provided herein is true and correct. I hereby authorize the release of credit information requested by The Post and Courier relevant to the above named company.

OFFICER OR PRINCIPAL NAME AND TITLE (please print) _____

OFFICER OR PRINCIPAL SIGNATURE _____

RESIDENCE: ADDRESS AND HOME TELEPHONE _____

SOCIAL SECURITY NUMBER _____

FEDERAL TAX ID NUMBER _____

for Post and Courier *office use only*

ACCOUNT #	*DIV*	*IND*	*ADV TYPE*	*CORPORATE #*	*REGN*	*REP*	*DATE ASSIGNED*	*ADV CLASS*	*SIC*	*F/C*
	01									