

For station use only:Credit amount requested (per month) \$
of months Salesperson: **LOCKWOOD BROADCAST GROUP****Credit Application**

The following credit form must be filled out completely to apply for credit terms with our company. Please note, if approved, payment terms are Net 30.

Company Name _____
Tax ID # (or Social Security # if not incorporated) _____
Street Address _____
City _____ State _____ Zip _____ Phone _____
E-mail Address _____ In Business Since _____

Type of Business _____ Contact Person: _____

Check: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship

Bank Reference:

Bank _____ Phone # _____ Account # _____

Please Provide Three Media References (TV, Radio, Newspaper, ETC.) Used within the last 12 months:

*****Please do not list any phone book companies as references*****

Company _____ Phone # _____

Contact Person _____

Company _____ Phone # _____

Contact Person _____

Company _____ Phone # _____

Contact Person _____

The undersigned represents and warrants that the foregoing is true and correct, and that he/she has been duly authorized to establish credit on behalf of the above business. Lockwood Broadcast Group reserves the right to investigate your credit record and furnish information concerning your credit file to consumer and commercial reporting agencies and others who may properly receive this information.

Signature: _____ Date: _____

Printed Name: _____ Title: _____