



NEW CUSTOMER INFORMATION FORM

daily illini | buzz | illio | technograph

wpgu-fm

FIRM NAME

street address _____

city _____ state _____ zip _____ business phone _____

date established _____ type of business _____

persons authorized to place advertising _____

billing address (if different) _____

city _____ state _____ zip _____

phone _____ fax _____

TYPE OF OWNERSHIP

PROPRIETORSHIP (name, address and phone number of owner)

PARTNERSHIP (names, addresses and phone numbers of owners)

CORPORATION (list where incorporated, head of corporation and other locations of business)

BILLING INSTRUCTIONS

any special billing instructions? _____

purchase order needed? _____ other? _____

accounts payable contact? _____ phone _____

CREDIT REFERENCES

List three companies who you are currently buying from on credit terms. At least one of these references should be a media company. Please do not list utilities.

(include address, phone # and contact)

name of bank _____ contact _____

address _____

phone _____ checking # _____ savings # _____

name of other business _____ contact _____

address _____

phone _____ fax _____ acct. # _____

name of other business _____ contact _____

address _____

phone _____ fax _____ acct. # _____

name of other business _____ contact _____

address _____

phone _____ fax _____ acct. # _____

If credit is approved, the undersigned agrees to pay all advertising and other charges in accordance with ILLINI MEDIA'S credit terms. Payment is due on receipt of statement and becomes delinquent after 30 days. Applicant shall be responsible for all collection costs, including attorney fees. By signing below, I also authorize Illini Media to investigate the financial and banking records and references of the applicant and I personally guarantee the payment of the debt.

date _____ authorized signature _____

title or position with firm (owner and/or manager) _____

print name _____ SSN or driver's license # _____

guarantor signature _____

mailing address _____

(if different than street address)

applications will be processed 10-14 days from receipt.

after completing form, please mail to: CREDIT MANAGER, illiniMEDIA, 512 east green street, champaign, il 61820

FOR OFFICE USE ONLY

SALESPERSON for illiniMEDIA _____ credit approval (credit manager) _____

date submitted _____ date approved _____

APPROVED: CIA CR CR.XXX