

- CREDIT APPLICATION -

# READING EAGLE COMPANY

Mailing Address: 345 PENN STREET, P.O. BOX 582 • READING, PA 19603, 3996  
(610) 371-5000 • (800) 633-7222 • FAX (610) 371-5098

**READING EAGLE**  
Better Look. Better Read.

**READING EAGLE COMPANY**  
*internetservices*



**Please print or type. Please answer all applicable questions.  
Incomplete applications may delay process.**

Date \_\_\_\_\_

Legal Business Name \_\_\_\_\_

Trade Name (IF APPLICABLE) \_\_\_\_\_

Business Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Parent Company Name (IF OTHER THAN ABOVE) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_

TYPE OF BUSINESS: Corporation ( ) Partnership ( ) Proprietorship ( ) Franchise ( )

Date business started \_\_\_\_\_ FEIN # \_\_\_\_\_ Business Website \_\_\_\_\_

Description of business \_\_\_\_\_

**(OWNERSHIP)**

(1.) Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Position/Title \_\_\_\_\_

(2.) Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Position/Title \_\_\_\_\_

If more space is needed, please use reverse side of application. If living at the above address less than one year, please give previous address.

Bank Name \_\_\_\_\_

City, State \_\_\_\_\_ Account # \_\_\_\_\_

**(MEDIA/TRADE REFERENCES)**

*(PLEASE INCLUDE ACCOUNT #)*

(1.) Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

(2.) Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

- PLEASE COMPLETE REVERSE SIDE OF FORM -

**- CREDIT APPLICATION -**  
SIDE 2

**(TYPE OF SERVICE)** *(CHECK ALL THAT APPLY)*      DISPLAY ( )      CLASSIFIED ( )      TRANSIENT ( )  
RADIO ADVERTISING ( )      ONLINE PRODUCTS ( )      COMMERCIAL PRINTING ( )

How much advertising do you anticipate running? \_\_\_\_\_

How much credit are you applying for? \_\_\_\_\_

Who should we contact regarding payments? \_\_\_\_\_

Upon request will you furnish financial statements?      YES ( )      NO ( )

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

This application may be subject to credit and character investigation. The information furnished on this application is correct to the best of my knowledge. If credit privileges are approved, I/we agree to abide by the terms of credit extended by the Reading Eagle Company and/or WEEU Broadcasting Company. Additional expenses will be incurred if your account is processed for collection. \$25.00 service fee will be charged for returned checks.

Name *(PRINT)* \_\_\_\_\_

Position/Title \_\_\_\_\_

*(SIGNATURE OF OWNER/PRINCIPAL OR AUTHORIZED OFFICER/PARTNER)*

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**FOR CREDIT DEPARTMENT USE ONLY**

Application taken by \_\_\_\_\_

Terms applying for    COD ( )    NET 7 ( )    NET 30 ( )    OTHER ( )

Applicant    NEW ( )    EXISTING ( )    BEING RENEWED ( )    EXISTING ( )  
*(REQUESTING INCREASE IN CREDIT LIMIT)*

Salesperson \_\_\_\_\_

Credit approved \_\_\_\_\_ Credit disapproved \_\_\_\_\_

Limitations \_\_\_\_\_

Credit Line \_\_\_\_\_

Remarks \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_