

The Sacramento Bee
 2100 Q Street
 P.O.Box 15779 (916) 321-1564
 Sacramento, CA 95852-9973 Fax (916) 326-5565

APPLICATION FOR CREDIT

New Application ___
 Bank ___ D & B ___
 Ref's ___ RCA ___
 Request for Credit Increase ___
 Contract Renewal ___

Date _____			Amount of Credit Requested _____		
Business/Agency Name _____			d/b/a (Trade Style) _____		
Business Address _____			Billing Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Telephone Number _____		Fax Number _____		Contact Name (for payment of invoices) _____	
Parent Company Name _____		Telephone Number _____		Fax Number _____	

BUSINESS ORGANIZATION

Corporation ___ Partnership ___ Limited Partnership ___ Proprietorship ___ Franchise ___ Limited Liability Company ___

Date you started or assumed control _____ Nature/Type of Business _____

No. of Employees _____ Fed. Tax ID # _____ SS # _____ D&B # _____

Officer/Principal	Name/Title _____	Address _____	City _____	State _____	Zip _____	Phone _____	SS # _____
Officer/Principal	Name/Title _____	Address _____	City _____	State _____	Zip _____	Phone _____	SS # _____
Officer/Principal	Name/Title _____	Address _____	City _____	State _____	Zip _____	Phone _____	SS # _____

Has Corporation been registered with the Secretary of State? Yes ___ No ___ State _____ Date _____

Has Business or Owner(s) ever filed bankruptcy? Yes ___ No ___ Type _____
 Where _____ When _____

Have you previously advertised with: The "Bee" Yes ___ No ___ Other McClatchy Newspapers Yes ___ No ___
 A/C # _____ Date _____ Name _____ When/Date _____

CREDIT REFERENCES: Media/Trade References

Name _____	Street _____	City _____	State _____	Zip _____	Phone _____	Acct # _____
Name _____	Street _____	City _____	State _____	Zip _____	Phone _____	Acct # _____
Name _____	Street _____	City _____	State _____	Zip _____	Phone _____	Acct # _____

In order to make credit decisions, other financial information may be required.

BANK REFERENCES: C-Checking S-Savings M-Mortgage/Loan CPD-Charge Plate Deposits

Name _____	Street _____	City _____	State _____	Zip _____	Phone _____	Acct # _____	Type _____	Fax # _____
Name _____	Street _____	City _____	State _____	Zip _____	Phone _____	Acct # _____	Type _____	Fax # _____

ADVERTISING AGENCIES: PLEASE ATTACH COPY OF INSERTION ORDER

Sacramento Bee does not accept insertion orders containing disclaimers of any kind.

AGREEMENT

- A. Payments of all amounts due, as evidence by the accounts, shall be made not later than as indicated on each invoice.
- B. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees shall be paid by the applicant. Applicants further agree that any lawsuit involving any disputes between applicant and The Sacramento Bee "Bee" shall be filed in Sacramento County, California.
- C. Agency is acting as Agent for the Advertiser named in the contract and as such is binding the Advertiser to the terms of that contract. Not with standing such agency relationship, Agency shall be jointly and severally liable with the Advertiser for all payments due under each contract, and the "Bee" will look first to the Agency for each payment. In the event that advertising is placed by a third party "in care of" an Agency or Advertiser, the Agency and Advertiser assume full responsibility jointly and severally for the actions of such third party and for payment of advertising placed by that third party. Payment by the Advertiser to the Agency for amounts due under that contract shall not relieve the Advertiser or Agency for amounts due hereunder until the "Bee" is paid in full for such accounts.
- D. The undersigned agrees that all credit extended shall be subject to the terms herein agreed upon.
- E. I hereby authorize the release of credit information requested by The Sacramento Bee relevant to the above account and its principals.

I CERTIFY THE INFORMATION SUBMITTED IS TRUE AND CORRECT

For Office Use Only - Retail/Nat/Gen Class

Authorized Signature _____ Date _____
 Print/Type Name _____ Title _____

Salesperson _____ Account # _____
 Extension _____ Date Approved _____
 Credit Rep. _____ Credit Limit _____
 Credit Manager's Signature _____ Declined _____

NO APPLICATION PROCESSED WITHOUT DESIGNATED SIGNATURE OF AUTHORIZED INDIVIDUAL.

