

**Bee Advertising. Delivering Results.**  
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**PAYMENT AGREEMENT**

Please print clearly except where signature required

NAME OF ADVERTISER \_\_\_\_\_

BUSINESS ENTITY: SOLE PROPRIETORSHIP: SSN: \_\_\_\_\_

CORPORATION: TAX ID #: \_\_\_\_\_ LLC: \_\_\_\_\_ LLP: \_\_\_\_\_

PARTNERSHIP: \_\_\_\_\_

STREET/MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

CONTACT PHONE/FAX # \_\_\_\_\_ FAX# \_\_\_\_\_

I/We certify the above information is true and correct and is given for the purpose of obtaining credit with The Sacramento Bee. You may verify this information, access the applicable credit reports, and provide information on this account with others seeking such information. Payment of advertising and/or printing materials placed by our firm and/or through our authorized advertising agency is our responsibility unless The Sacramento Bee is otherwise notified in writing. I/We understand that all advertising and/or print materials invoices/statements are due and payable on Net 30 day terms. Any balance remaining unpaid 30 or more days after the invoice date will be considered as past due. Accounts with a past due balance of 30 or more days may be subject to credit discontinuance without notice. I acknowledge and agree that any NSF check will incur a collection fee and I/We agree to pay all invoices on the Net 30 day terms and pay court costs and/or reasonable attorney fees, or both, if collection of past due amounts is necessary through a 3rd party.

DATE: \_\_\_\_\_

PRINT YOUR NAME: \_\_\_\_\_

\*YOUR TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

FOR INTERNAL USE ONLY: \_\_\_\_\_

SALES REP NAME: \_\_\_\_\_

Sales # \_\_\_\_\_ Date \_\_\_\_\_

\*VALID SIGNATURE REQUIRED OF BUSINESS ENTITY

