



31 Business Loop
 Philipsburg, MT 59858
 Phone: 406.375.8580
 Email: info@cfjournal.com

Credit Application ~ Advertising Account

BUSINESS CONTACT INFORMATION		
Company Name:	Tax ID:	
Representative Name:	Title:	
Date business commenced:		
Type of Organization (Circle One) Sole Proprietorship Partnership Corporation Other		
BUSINESS AND CREDIT INFORMATION		
Registered Business address:		
City/State/ZIP Code:		
How long at current address?		
Phone:		
Bank name:		
Bank address:		Phone:
City/State/ZIP Code:		
TYPE OF ACCOUNT	ACCOUNT NUMBER	
Savings		
Checking		
BUSINESS/TRADE REFERENCES		
Company Name:		
Address:		
I`		
Phone:	Fax:	E-mail:
Type of Account:		
Company name:		
Address:		
City/State/ZIP Code:		
Phone:	Fax:	E-mail:
Type of Account:		
Company name:		
Address:		
City/State/ZIP Code:		
Phone:	Fax:	E-mail:
Type of Account:		
AGREEMENT		
1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize the Clark Fork Journal to check credit history & the above listed business & banking references. 4. By submitting this application, you authorize the above listed references to release information regarding applicant's credit history & standing.		
SIGNATURE: _____ TITLE: _____ DATE: _____		