



New Account Setup Form

Business Name (formal or legal):		
Doing Business As (trade name):		
Business Address:		
<input type="checkbox"/> Is this a billing address? If not, please provide billing address.		
Billing Address:		
Telephone: - -	Fax:	Date Business Started: - -
Federal Tax I.D. Number:		
Prior Bankruptcies? (Check One): <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give Date:		
Applicant is a (Check One): <input type="checkbox"/> Advertising Agency <input type="checkbox"/> In-House Agency <input type="checkbox"/> Buying Service <input type="checkbox"/> Advertiser		
If Agency, name of Advertiser:		

Check Type of Business Entity:

- Proprietorship** (Give legal Name of Proprietor, Resident Address, Resident Telephone # & Social Security #).
 - Partnership** (Give the full name(s), address(es), and Social Security #'s of all General and Non-Limited Partners)
 - Corporation** (Give names, addresses and telephone numbers of officers).
 - Limited Liability Company** (List members and telephone numbers of management committee or sole manager).
1. The advertiser and agency are jointly and severally liable for all payments under this Agreement
 2. Payments to the agency or service do NOT constitute payment to us. In the event of default by the agency or service to pay amounts owed under this Agreement, the advertiser is still liable for payment.
 3. Applicant (if agency, in-house agency, or buying service) represents that Third Parties will immediately be notified of the terms hereof.
 4. This Agreement is governed by the laws of the State of Oklahoma.
 5. Applicant certifies that all statements and information included in this application are true, correct, complete and may be used to establish credit and or set up an account that all officers, owners, or employees are authorized to purchase advertising.
 6. Further credit information, including banking references may be required.

This Box for Office Use Only
 Account Executive to fill out (Account Set-up):
 Agency Name: _____
 Advertiser Name: _____
 Contact Name: _____
 Phone #: _____
 Total Order Amount: _____
 AE: _____

By signing below, I certify that I am authorized by my company to sign this application, and I agree to all terms set forth herein.

Advertiser:

Authorized Advertiser Signature: (Required)

Print Name	Title
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Authorized Agency Signature: (Required)

Print Name	Title
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Date: