

NORTHERN LIFE

DIVISION OF LAURENTIAN PUBLISHING LIMITED

158 Elgin Street, Sudbury, Ontario
Telephone (705) 673-5667 – Fax (705) 673-4652

CREDIT APPLICATION

Company Name: _____
Business Address: _____
Billing Address (if different): _____
Business Telephone: _____ Business Fax: _____
Type of Business: _____
Year Established: _____ Year Incorporated: _____
Type of Ownership/Corporation: _____
Partnership: _____ Individual: _____

Name(s) of Proprietor/Partner, if corporation President/Treasurer:

Name: _____ Social Insurance Number: _____
Residence: _____ Phone Number: _____
Name: _____ Social Insurance Number: _____
Residence: _____ Phone Number: _____

Individual to contact regarding payment: _____
Individual to be ordering advertising: _____

Business/Banking Information:

Name of Bank: _____ Branch #: _____
Address: _____ Account type & No. _____

Corporate or Individual Credit Card #: _____ Expiry Date: _____

Business/Trade References/Advertising Media with which you have established credit:

1. _____ Tel. & Fax #: _____
2. _____ Tel. & Fax #: _____
3. _____ Tel. & Fax #: _____

I understand that all charges on my account are due upon receipt of invoice. I agree to allow the Northern Life to charge my above credit card number should my account go over 90 days outstanding. I also agree to pay all credit card fees, all court and collection costs, including reasonable attorney's fees in the event of default.

Name of Company: _____ By: _____
Date: _____ Witnessed by: _____

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

FOR OFFICE USE ONLY:

Salesperson: _____ Date Received by Accounting: _____

CREDIT POLICY

1. **AGREEMENT FOR CREDIT** must be filled out, signed and approved before credit can be extended.
2. **NEW BUSINESS** must pre-pay. New accounts (established businesses) must pre-pay until their credit application has been approved.
3. **CREDIT CEILINGS** will be established by the Accounting Department.
4. **ONCE CREDIT HAS** been approved, a customer will be allowed to charge all future display and classified advertising as long as the account does not become delinquent. This does not apply to event tickets or sponsorships.
5. **ALL PAYMENTS** will be applied to the customer's earliest balance unless otherwise indicated by the customer.
6. **TERMS** are due upon receipt of the invoice.
7. **SHOULD A NEW ACCOUNT** go over 90 days, the accounting department will automatically charge this balance to the credit card number noted in this application form.

CREDIT APPLICATION INSTRUCTIONS

All information reported on this Credit Application must be accurate and complete to ensure the proper establishment of an account.

NAME OF ADVERTISER – The name of the advertiser is the legally recorded name of the company or corporation. Shortened names and misspelled words are not acceptable.

BUSINESS ADDRESS – The correct address includes the street and number. Post office box numbers must be accompanied by a street number and name. If the billing address is different from the business address, there is a space provided for the correct billing address.

PRINCIPALS AND TITLES – If the business is either a partnership or a sole proprietorship, name (s) should be entered in the appropriate space along with social insurance number(s). This information is vital in verifying credit information. If the business is a corporation, the president and treasurer's names and addresses must be listed.

BUSINESS, BANKING AND REFERENCES – Please include the bank name, branch number, type of account and account number. When providing a list of references, please use other media-related companies. Do not use credit card companies as they do not provide references.

FOR OFFICE USE ONLY

Each salesperson must sign the application and fill in the name of the person to contact regarding the account.