

The Lexington Herald-Leader Co.

100 Midland Ave. Lexington, KY 40508 (859) 231-3131 Bruce C. Sensel, Credit Manager

BUSINESS INFORMATION

The following information will be held in strict confidence and used as an aid in granting credit. Please type or print when completing this form. The applicant, or the principals or officers of the applicant, are required to sign the Collection Clause, the Credit Agreement and Guaranty, and the Authorization to Check References on the second page of this application. To avoid any delay in the credit investigation, please complete the entire application (both pages). A certified financial statement reflecting the current financial position of the applicant may be required as a condition of granting credit privileges.

GENERAL INFORMATION

SECTION 1	2 DATE	3 DESIRED LINE OF CREDIT	
	4 BUSINESS NAME	5 D/B/A NAME	
	6 ADDRESS STREET	7 MAILING ADDRESS STREET/BOX #	
	CITY/STATE/ZIP	CITY/STATE/ZIP	
	8 PHONE	11 YEARS IN BUSINESS	PRESENT OWNER SINCE
	9 PARENT COMPANY	<input type="checkbox"/> NONE	12 NATURE OF BUSINESS
	CITY/STATE/ZIP	13 NUMBER OF EMPLOYEES	

COMPANY PROFILE

SECTION 2	10 THIS BUSINESS IS A: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP			
	15 PRINCIPALS, OWNERS, PARTNERS, OR OFFICERS			
	NAME	TITLE	NAME	TITLE
	HOME ADDRESS	HOME PHONE	HOME ADDRESS	HOME PHONE
	CITY/STATE/ZIP	CITY/STATE/ZIP		
16 BUSINESS INCORPORATED IN STATE OF:		DATE FILED:		

CREDIT REFERENCES

SECTION 3	18 MEDIA NAME	PHONE	ACCOUNT NO.	
	ADDRESS	CITY/STATE/ZIP		
	MEDIA 2 NAME	PHONE	ACCOUNT NO.	
	ADDRESS	CITY/STATE/ZIP		
	TRADE NAME	PHONE	ACCOUNT NO.	
	ADDRESS	CITY/STATE/ZIP		
	TRADE 2 NAME	PHONE	ACCOUNT NO.	
	ADDRESS	CITY/STATE/ZIP		
	19 BANK NAME	PHONE	ACCOUNT NO.	TYPE: <input type="checkbox"/> LOAN <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> CREDIT LINE <input type="checkbox"/> OTHER _____ CHECK ALL THAT APPLY
	ADDRESS	CITY/STATE/ZIP		
BANK 2 NAME	PHONE	ACCOUNT NO.	TYPE: <input type="checkbox"/> LOAN <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> CREDIT LINE <input type="checkbox"/> OTHER _____ CHECK ALL THAT APPLY	
ADDRESS	CITY/STATE/ZIP			
20 ADVERTISING AGENCIES: <i>Please attach copy of insertion order.</i>				

DO NOT WRITE BELOW THIS LINE

