

# News Register New Customer Information Request

News Register : PO Box 727, McMinnville OR 97128 :Phone: (503) 472-5114 Fax (503) 472-5997

## Required information for all Advertisers

Account name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Business or DBA name if different \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

## **Basic Information for Business Advertisers**

What kind of business do you do? \_\_\_\_\_  
Have you been a News Register Advertiser under another name? \_\_\_\_\_ If so, which? \_\_\_\_\_

### **Contact Information:**

Ad Questions \_\_\_\_\_ Phone \_\_\_\_\_  
Payment Inquiries \_\_\_\_\_ Phone \_\_\_\_\_

## Required information for payment terms, please complete & sign the following.

Date business started \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_  
Federal ID or SSN \_\_\_\_\_ Owner/Principal \_\_\_\_\_  
Email address \_\_\_\_\_ Fax number \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
Bank Name and Contact \_\_\_\_\_

## **Advertising or Trade References ALL INFORMATION IS REQUIRED TO PROCESS YOUR CREDIT REQUEST.**

**Approximate monthly credit needs:** \$ \_\_\_\_\_ **Tear Sheets:** \_\_\_\_\_

1. \_\_\_\_\_  
Name State Phone Fax
2. \_\_\_\_\_  
Name State Phone Fax
3. \_\_\_\_\_  
Name State Phone Fax

Billing is by monthly customer statement. **Payment Terms:** Net 30 days from end of the Statement Month. Past due accounts are subject to monthly finance charges of 1.5% of unpaid balance. Advertising privileges may be suspended for past due accounts.

**The undersigned acknowledges and agrees to these terms.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

For News Register Use

NR Advertising Rep Name. \_\_\_\_\_ Rep #: \_\_\_\_\_ Date: \_\_\_\_\_ Client Account No. \_\_\_\_\_ Category#: \_\_\_\_\_