



KTBS-3 Fax (318) 219-4630



KPXJ-CW21 Fax (318) 219-4579

DATE: _____

UNDERSIGNED APPLICANT(s): _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Fax: _____

PLEASE CHECK ONE: Sole Proprietorship _____ Partnership _____
Corporation _____ State of Inc _____

Occupational Lic No: _____ Fed ID Number: _____

Date business Established: _____ Corp Name if other than above: _____

PRINCIPAL OWNERS, OFFICERS AND PARTNERS: (Include addresses and attach separate sheet with additional information, if necessary)

Name Title

Home Address/City/State/Zip Social Security No.

Name Title

Home Address/City/State/Zip Social Security No.

CREDIT REFERENCES:

Bank (1) _____ Media (1) _____

Address: _____ Address: _____

Phone & A/C No: _____ Phone: _____

Media (2) _____ Media (3) _____

Address: _____ Address: _____

Phone: _____ Phone: _____

(If no Media References are available please use Media spaces 1, 2, & 3 above for other credit references.)

KTBS, Inc. (and/or) KPXJ-CW21 is hereby authorized to request information from any of the above references.

The references are requested to furnish information on my behalf.

Client Signature _____

TELEVISION ADVERTISING AND/OR PRODUCTION FOR KTBS, INC. (and/or) KPXJ-CW21 IS SOLD ON THE FOLLOWING TERMS:

Invoice/affidavits are rendered at the close of each standard broadcast month, ending on the final Sunday of each calendar month. Payment after the next billing date is considered past due and a monthly service charge of 1.5% will be assessed on any balance that is not paid within 45 days from billing date. Notwithstanding to whom bills are rendered. Advertiser, Agency and Service, jointly and severally shall remain obligated to pay to station the amount of any bills rendered by station within the time specified and until payment in full is received by station. Payment by Advertiser to Agency or to Service, or payment by Agency to Service, shall not constitute payment to station.

I (or We) apply for credit and will abide by the terms and conditions as set forth by KTBS, INC. (and/or) KPXJ-CW21.

The information furnished is accurate and complete to the best of my (or our) knowledge.

I (or We) agree to be liable for all collection expenses and attorneys fees at the rate of 33 1/3% and for all court costs incurred by KTBS, INC. (and/or) KPXJ-CW21.

I (or We) wish to establish minimum credit in the amount of: \$ _____

SIGNED: _____ BY: _____
Applicant Name & Title

SIGNED: _____ BY: _____
Applicant Name & Title

IF APPLICANT IS A CORPORATION, PLEASE COMPLETE THE FOLLOWING:

PERSONAL GUARANTEE

In consideration of KTBS, INC. (and/or) KPXJ-CW21 extending credit to the above applicant the undersigned hereby individually and personally, in solido, guarantees payment of any sum due or to become due to KTBS, INC. (and/or) KPXJ-CW21.

If it becomes necessary to enforce this guarantee by suit, I (We) agree to pay interest, attorney fees and collection fees as provided for above.

Individual Witness

Individual Witness

PLEASE COMPLETE ENTIRE FORM AND RETURN TO:

KTBS, INC.

ATTN: _____ (Account Exec)

**P.O. Box 44227
Shreveport, La 71134-4227**

(KTBS-3 Fax: 318-219-4630 – KPXJ-CW21 Fax: 318-219-4579)

KTBS, INC./KPXJ-CW21 – OFFICE USE ONLY

SCHEDULE DATES: _____ AMOUNT: \$ _____

APPROVED: _____ DENIED: _____

SIGNED: _____ DATE: _____