

CREDIT APPLICATION

Daily Hampshire Gazette / Greenfield Recorder

Date: _____ Sales Rep.: _____

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-Mail: _____ Website: _____

.....
Provide 3 References preferably media

1) Name: _____

Address: _____ Phone: (____) _____

2) Name: _____

Address: _____ Phone: (____) _____

3) Name: _____

Address: _____ Phone: (____) _____

AUTHORIZATION: The undersigned certifies that he or she is authorized to sign this application, authorizes H.S. Gere & Sons, Inc. and Newspapers of Massachusetts, Inc. (The "Company") to obtain credit information pertaining to the applicant and personally assumes full responsibility for payment within thirty days for all advertising placed in the Daily Hampshire Gazette, Greenfield Recorder, Athol Daily News or other print or digital products. In the event of non-payment, the undersigned personally agrees to assume all costs of collection, including court costs and reasonable attorney's fees. The Company reserves the right to reject any advertising copy whether or not it has already been acknowledged, previously published or prepaid.

Signature _____ Title _____ Date _____

Account Number: _____

BUSINESS TYPE: check one

AUGZ Auto

HCGZ Healthcare

RLGZ Retail

ENGZ Entertainment

HOGZ Home

RSGZ Restaurant/Food

FAGZ Fashion

OTGZ Other

SIGZ Service Industry

FIGZ Financial

REGZ Real Estate

SKGZ Schools

Special instructions: _____