

THE HAYS DAILY NEWS

Account Establishment and Credit Application

PO BOX 857
HAYS, KS 67601

785-628-1084 Ext. 125
785-628-8186 FAX

Establishment of a Commercial Account does not necessarily determine credit status, but will provide a monthly record of charges.

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ FAX: _____
Nature of Business: _____ No. of Years in Business: _____

CONTACT PERSON(S) REGARDING PRINTING OR INSERTION ORDERS AND STATEMENT PAYMENTS:

Name: _____ Phone: _____
Area of Responsibility: _____
Name: _____ Phone: _____
Area of Responsibility: _____

OWNERSHIP - IDENTIFY TYPE OF BUSINESS AND COMPLETE THE INFORMATION REQUESTED:

Sole Proprietorship Fed ID (EIN) # _____
Owner's Name: _____ Home Phone: _____
Home Address: _____ Social Security # _____

Partnership Fed ID (EIN) # _____
Name & Title: _____ Home Phone: _____
Home Address: _____ Social Security # _____
Name & Title: _____ Home Phone: _____
Home Address: _____ Social Security # _____

Corporation - In the State of _____ Year Established _____ Fed ID (EIN) # _____
Officer Name & Title: _____ Phone: _____
Home Address: _____
Officer Name & Title: _____ Phone: _____
Home Address: _____
Officer Name & Title: _____ Phone: _____
Home Address: _____

BANK REFERENCES:

Bank Name: _____ Contact Person: _____
Address: _____ Phone: _____
No. of Years at Bank: _____ Account No: _____ Checking _____ Savings _____
Bank Name: _____ Contact Person: _____
Address: _____ Phone: _____
No. of Years at Bank: _____ Account No: _____ Checking _____ Savings _____

