

CREDIT APPLICATION

**Albert Lea Tribune
808 West Front Street
Albert Lea, MN 56007
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E-Mail: lisa.foley@albertleatribune.com

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

Business Type: Sole Proprietorship Partnership Corporation Yrs in Business _____

Name/Address of Owner/Corp. Officer: _____

Phone No.: _____ Fax No.: _____

Bank References: Account #, Contact, Phone Number:

Trade References/Media References: Account #, Contact, Phone Number:

The above information is herewith submitted for the purpose of opening an account and I do hereby certify that this information is true.

Signed: _____

Title: _____ Date: _____

Office Use Only:

Approved: _____ Disapproved: _____

Reason: _____

ALL ADS MUST BE PAID IN ADVANCE