

Chicago

WTMX-FM WILV-FM WDRV-FM/WWDV-FM

CONFIDENTIAL CREDIT APPLICATION

Account Exec.: _____
Date of Initial Schedule _____

Requested Credit Limit: _____

TO PROCESS YOUR REQUEST FOR CREDIT ACCOMODATION, BOTH SIDES OF THIS APPLICATION MUST BE COMPLETELY FILLED OUT AND SIGNED BY AN OFFICER OF YOUR COMPANY.

GENERAL INFORMATION

NAME (see "CLIENT" also)		Telephone Number
Business Address (Street, City, State, Zip Code)		
Mailing Address (if different than Business Address)	FAX Number	Contact Person
Type of Business Entity _____ Individual _____ Proprietorship _____ Corporation in State of _____		
Name and Address of Parent, if Subsidiary		
Nature of Business	Date Established	Date Incorporated
Own or Lease Property	Name of Landlord	
CLIENT NAME, ADDRESS & CONTACT (if single advertiser buy)		

PRINCIPAL OWNERS AND/OR OFFICERS OF THE COMPANY

Name/Title	Address/Phone Number	Social Security Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you ever filed for Bankruptcy? NO _____ Yes _____ Date _____

AUTHORIZATION FOR BANK AND OTHER CREDIT REFERENCE CHECKS

To induce WTMX-FM, WILV-FM or WDRV-FM to extend a line of credit for advertising under credit sales terms as stated on invoices, we authorize WTMX-FM, WILV-FM or WDRV-FM, to contact the references and banks listed below. We also understand that this information will be held in strict confidence and be used solely for the consideration of extension of credit to us.

Signed _____	Title _____
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BANK REFERENCES

Name	Branch	Address	Account Number	Type of Account	Principal Contact	Phone Number
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____

MEDIA CREDIT REFERENCES

Name	Highest Credit Amount		Name	Highest Credit Amount	
Address			Address		
City	State	Zip	City	State	Zip
Telephone ()	Account #		Telephone ()	Account #	
Contact Name	Date Last Billed/Advertised		Contact Name	Date Last Billed/Advertised	
Name	Highest Credit Amount		Name	Highest Credit Amount	
Address			Address		
City	State	Zip	City	State	Zip
Telephone ()	Account #		Telephone ()	Account #	
Contact Name	Date Last Billed/Advertised		Contact Name	Date Last Billed/Advertised	

CREDIT INFORMATION

Federal Tax Identification No. _____	Dun & Bradstreet No. _____
Person Authorized to Make Purchases _____	Special Purchase Instructions _____
Have you ever file Bankruptcy? If so, please give date and description of proceedings. Date _____ Description _____	Have you ever had liens or legal judgements against you due to credit problems? If so, please give date and description of proceedings. Date _____ Description _____
Financial Statement Attached _____ Not Available _____ Will Provide Date _____	Audited Statement _____ Non-Audited _____
External Accounting Firm _____	Telephone: _____
Person Responsible For Payment _____	Phone #: _____
Payment Responsibility: () Agency/Advertiser (joint & severally liable) () Advertiser (direct billing & liability)	
See Terms & Conditions related to liability.	

TERMS AND CONDITIONS OF CREDIT
ANY CHANGES TO OUR TERMS WILL MAKE THIS CONTRACT NULL & VOID

1. Payments are due within thirty (30) days after invoice date.
2. Notwithstanding any other provisions of the contract, the agency and/or the advertiser are jointly and severally liable to the station for payments due hereunder, and the station may hold either liable therefor.
3. In the event that any portion of an invoice is disputed, WTMX-FM, WILV-FM or WDRV-FM must be notified within fifteen (15) days of the statement date. Applicant agrees that the undisputed portion of the invoice will be paid on time. A mutually agreeable settlement will be negotiated promptly on the portion in question.
4. If payment is not made within a reasonable period, Applicant agrees to pay collection costs and legal fees as incurred by WTMX-FM, WILV-FM or WDRV-FM.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HEREBY AGREE TO THE TERMS AND CONDITIONS OF CREDIT CONTAINED HEREIN.

NAME _____ SIGNATURE _____
(Please Print)

TITLE _____ DATE _____

GUARANTY

Each of us severally requests you to extend credit to or otherwise to do business with _____, located at _____ hereinafter called the "Company" and to induce you to do so and in consideration of benefits to accrue to each of us therefrom, each of us jointly and severally and unconditionally guarantees to you that the Company will fully and promptly and faithfully perform, pay, and discharge all its present and future obligations to you, whether direct or indirect, joint or several, absolute or contingent, matured or unmatured; and agrees, without your first having to proceed against the Company, to pay on demand all sums due and to become due to you from the Company for all losses, costs, attorney's fees or expenses which may be suffered by you by reason of the Company's default or default of any of the undersigned hereunder. This guaranty is an unconditional guaranty of payment.

NOTARY
WITNESS, our hands and seals this ___ day of _____, 1999 at _____ (City) (State)

For Individual Guarantors:

Address _____
Address _____

Witness:
Address _____

For Corporate Guarantors:

(Company Name) By _____ (President) Attest _____ (Secretary)