



CREDIT APPLICATION

www.LongIslandRadio.com

631-231-0033 • ar@longislandradio.com

305 Knickerbocker Ave, Suite 7 • Bohemia, New York 11716

BILLING & BUSINESS INFORMATION

NAME: _____ DBA: _____

Mailing Address _____

Shipping Address _____

Contact name _____

Phone ____/____-____ Fax ____/____-____ EMAIL _____

COMPANY PROFILE

Corporation Partnership Franchise Tax ID: _____ Resale # _____

Date you started business or assumed control ____/____/____ Type of business _____

Officers or Principals:

Name _____ Title _____

Name _____ Title _____

Accounts Payable

Contact _____ Phone ____/____-____ Email _____

Preferred Billing Method: Mail Email Purchase Order Required Yes No

Persons Authorized to Purchase _____

I certify that I am authorized by my employer to apply for open account terms and the information provided in the application is true and correct. I am agreeing to comply with all terms of open accounts as set forth by Suffolk County Communications who also reserves the right to change terms at any time, without notice. I understand that Suffolk County Communications reserves the right to begin charging 1.5% per month on all outstanding balances past due. I hereby authorize the release of credit information requested relevant to the above account for the attainment of a credit report from a credit reporting agency. I understand that application for terms in no way constitutes approval by Suffolk County Communications.

Signature _____ Date _____

Printed Name _____ Title _____



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CREDIT REFERENCES (Please provide at least 3)

Company Name: _____

Address: _____

Account #: _____ Contact name _____

Phone ___/___-____ Fax ___/___-____ EMAIL _____

Company Name: _____

Address: _____

Account #: _____ Contact name _____

Phone ___/___-____ Fax ___/___-____ EMAIL _____

Company Name: _____

Address: _____

Account #: _____ Contact name _____

Phone ___/___-____ Fax ___/___-____ EMAIL _____

Company Name: _____

Address: _____

Account #: _____ Contact name _____

Phone ___/___-____ Fax ___/___-____ EMAIL _____

Company Name: _____

Address: _____

Account #: _____ Contact name _____

Phone ___/___-____ Fax ___/___-____ EMAIL _____
