

2345 Maxon Road Ext., P.O. Box 1090,
Schenectady, NY 12301-1090

Phone 518.395.3008

Fax 518.395.3024

Andrea Goldy, Credit Manager

agoldy@dailygazette.net

Gazette Account# _____

Sales Rep# _____

Category# _____ R N C

Agency Client Name _____

Section I

Firm Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

If Company:

Ownership: ___ Indiv/Proprietorship ___ Partnership ___ Corporation ___ LLC or LLP Date Established: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Federal ID# or SS# _____

Bank Reference:

Name: _____ Account#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date Account Opened: _____

Trade References:

Firm Name: _____ Phone: _____

Firm Name: _____ Phone: _____

Firm Name: _____ Phone: _____

Section II

Terms:

Full payment is due within 30 days of invoice date. In the event there is a late or delinquent payment, I/we agree that the service charge of 1.5% per month will be imposed on past due balance (until paid in full, before and after judgement). The customer will pay all collection costs, and reasonable attorney fee's, which are acknowledged to be no less than on-third (1/3) of the total amount due. I/we agree to that suit for the balance due may be brought in Schenectady County, State of New York, and I/we agree to accept service of the complaint by certified mail, return receipt requested, addressed to the customer at the business or home address written above.

I/We, if credit is granted, agree to pay all monthly invoices in accordance with the above terms and those of contract, if any, and the rate card rates that governs the type of advertising.

Signature

Title

Please Print Your Name

Date