



13650 Eleven Mile Rd.
Warren, MI 48089
(586)498-8000
FAX (586)498-9631

ACCOUNT APPLICATION

To avoid any delay in placing your advertising order please fill out completely and give to your C&G Rep. or fax it to the **Accounting Department** at (586) 498-9631. If you have any questions, please call (586) 498-8000.

Business Name _____ DBA/Assumed Name (if any) _____
 Street Address _____ City _____
 State _____ Zip _____ Years in Business _____
 Description of Business _____ Sole Owner Partnership Corporation
 Year Established _____ Time at Present Location _____
 Federal I.D.# _____
 Applicant Name _____ Applicant Phone _____
 Email Address _____ Applicant Fax _____
 Website URL: http://www. _____

Officers/Partner and/or Principals

Name _____ Title _____
 Name _____ Title _____
 Accts. Payable Contact _____ Phone _____

Media Reference

Trade Reference

Trade Reference

Name _____	1) Name _____	2) Name _____
Address _____	Address _____	Address _____
_____	_____	_____
Phone _____	Phone _____	Phone _____
Fax _____	Fax _____	Fax _____

Personal Guarantee

I, _____, acknowledge that I am agreeing to advertise in the C&G Newspaper(s). I understand that I am responsible for the payments for this advertising upon receipt of the invoice. **(Reminder: Ads can be pulled at any time for non-payment.)** In the event I decide to stop advertising, I agree to notify C&G in writing of my decision.

Individual Signature: _____ Date: _____
 Print Name: _____ Driver's License or S.S. #: _____

Attention Agencies: If you are acting solely as agent for the advertiser, the advertiser must complete accounting application. A letter must also be included explaining who is responsible for payment and to whom billing should be sent.

SIGNATURE OF PRINCIPAL OFFICER

Date

SIGNER'S NAME (printed)

Your C&G Sales Rep.: _____