



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 Representative or fax it to the **Accounting Department** at (586) 498-9631. If you have any questions, please call (586) 498-8000.

**BUSINESS INFORMATION TO BE DISPLAYED ON C&G WEBSITE**

Business Name \_\_\_\_\_

DBA/Assumed Name (if different) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Email \_\_\_\_\_ Business Website \_\_\_\_\_

No, I do not want to receive special email offers from C&G Newspapers

Description of Business \_\_\_\_\_  Sole Owner  Partnership  Corporation

Years in Business \_\_\_\_\_ Time at Present Location \_\_\_\_\_

Federal I.D.# \_\_\_\_\_

Applicant Name \_\_\_\_\_ Applicant Phone \_\_\_\_\_

Applicant Email Address \_\_\_\_\_ Applicant Fax \_\_\_\_\_

### Officers/Partners and/or Principals

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**Accts. Payable Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

#### Media Reference

#### Trade Reference

#### Trade Reference

Name \_\_\_\_\_ 1) Name \_\_\_\_\_ 2) Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNER'S NAME (printed)

Your C&G Sales Rep.: \_\_\_\_\_

*Attention Agencies: If you are acting solely as agent for the advertiser, the advertiser must complete account application.*