



Credit Verification

Please complete all sections and email or fax to your Account Executive

Station Name: _____ (A subsidiary of LIN Television, Parent Company)

1. Customer Information

LEGAL Company name: _____

Any additional dba's: _____

Telephone #: (____) _____ Fax #: (____) _____

Street Address: _____ City, State, Zip _____

Description / Type of Business:

Is Business a : Corporation ____ Partnership ____ Proprietorship ____ Limited Liability Corp. (LLC) ____

Date Established: _____ State of Incorporation: _____ Date of Incorporation: _____

Federal ID# _____

2. Principal Owners, Partners, Officers

Name: _____

Title: _____

3. Credit References

(List 3 - Media References are Preferred)

Name: 1 _____ 2 _____ 3 _____

Address: 1 _____ 2 _____ 3 _____

City/State/Zip: 1 _____ 2 _____ 3 _____

Telephone #: 1 _____ 2 _____ 3 _____

4. Signature

The undersigned agrees that LIN Television will rely on the foregoing for purposes of providing services on credit and hereby certifies that all statements and information herein are true and complete and authorize LIN Television to obtain Credit and/or Financial Information from the bank and references listed above, as well as other Credit reporting organizations. In consideration of your extension of credit to use, we further agree:

1. If account is on contract or open terms, we agree to pay all invoices for schedules and requested services placed with the TV Station referenced above within (30) days of the invoice date.
2. In the event of any discrepancies in authorized advertising schedules run on our behalf, we agree to notify the station immediately and further agree to pay those items not in dispute according to the payment terms specified above.
3. In the event of non-payment, we agree to pay any and all third party collection fees incurred by the TV Station, including but not limited to fees and expenses of counsel and other court costs.

Signature: _____

Date: _____

Printed Name: _____

Title: _____