

DOVER POST COMPANY

CUSTOMER INFORMATION

(Strictly confidential. Thanks for your help.)

Legal Business Name: _____

Billing Name: _____

Physical Location: _____

Street or P.O. Box _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone # _____

Fax # _____

Best Time To Contact You Is: _____

Line of Business: _____

Date Business Began: _____

ADVERTISING AGENCY INFORMATION

Agency Name _____

Contact _____

Address _____

Telephone (____) _____

PLEASE CHECK & FILL OUT ONE BLOCK ONLY

Sole Proprietor

Home Address _____

Owner's Name _____

Soc. Sec. # _____

Partnership Limited Liability Partnership (LLP) # Partners _____

Name (s) _____

Home Address(es) _____

Soc. Sec. #(s) _____

Corporation

State of Incorporation _____

Limited Liability Company (LLC)

Federal Tax # _____

PRINCIPALS

President _____

Vice President _____

Secretary _____

Treasurer _____

BUSINESS CREDIT REFERENCES

Name _____ Phone # _____

Street _____ City _____ State _____ Zip Code _____

Name _____ Phone # _____

Street _____ City _____ State _____ Zip Code _____

Name _____ Phone # _____

Street _____ City _____ State _____ Zip Code _____

Have you filed for Bankruptcy or made any filing with a Bankruptcy Court (Other than as a creditor?) _____ Yes _____ No

BANK REFERENCE

Bank _____ Phone _____

Street _____ City _____ State _____ Zip Code _____

Contact _____ Title _____

Account Number and Type _____

I/We certify that the statements contained herein are true and correct. I/We authorize the Dover Post Company, Inc. to make any credit inquiries necessary and authorize creditors to release any requested information to the Dover Post Company, Inc. I/We authorize the Dover Post Company, Inc. to furnish information concerning our account to consumer and/or commercial reporting agencies and others who at the Dover Post Company, Inc.'s determination may receive such information. I/We further certify that the signature(s) appearing below are the genuine signature(s) of the person(s) applying for this account.

PAYMENT TERMS: Monthly billing statements will be issued at the end of each month. The balance is due and payable within the terms stated on the billing. The customer, by submitting this application, agrees to pay the Dover Post Company, Inc., as interest, an amount equal to 1-1/2% per month which is an annual percentage rate of 18% on all invoice amounts that are past due.

Signature _____

Title _____ Date _____

Advertising Account Executive _____

This information for our accounting computer files will help us serve you better and we appreciate your cooperation.

Please mail to: Dover Post Co., P.O. Box 664, Dover, DE 19903

OR

Please fax to: Dover Post Accounting, (302) 678-8291

Questions? Please call (302) 678-3616 or 1-(800) 942-1616