



Midwest Family Broadcast Group, 319 E. Battlefield, Suite B, Springfield, MO 65807
 Phone: 417-886-5677 Fax: 417-886-2155

Credit Application

Business Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 D/B/A _____ Federal Tax I.D. # _____

Ownership: Sole Owner Partnership Corporation
Principal #1: Name: _____ Title: _____
 SS#: _____ Street Address: _____
 City: _____ State: _____ Zip: _____
Principal #2: Name: _____ Title: _____
 SS#: _____ Street Address: _____
 City: _____ State: _____ Zip: _____

If an **in-house agency**, please identify the parent organization:
 Name: _____ Phone: _____
 Address: _____ City: _____
 State: _____ Zip: _____

Trade References:

Name	Address	Phone	Fax
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Bank Reference:

Name/Contact	Checking Address	Loan	Savings Account #	Fax
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

I, the undersigned, accept the terms under which KOSP 105.1/KKLH 104.7/KOMG 92.9/KQRA 102.1, grants credit to the above-named firm are payment in full within 30 days of receipt of invoice and agree to abide by those terms. My KOSP/KKLH/KOMG/KQRA Account Representative has explained the billing procedures of the radio station to me in each month, which I am also responsible to pay. I, the undersigned, also agree to pay any collection costs incurred to collect the balance amount, including reasonable attorney's fees.

Signed: _____ Title: _____ Date: _____

KOSP/KKLH/KOMG/KQRA Account Representative Servicing Account: _____