

Capital City Press, LLC

Publisher of THE ADVOCATE

P.O. Box 588, Baton Rouge, LA 70821 Fax: (225) 388-0270

7290 Bluebonnet Blvd. Baton Rouge, LA 70810

Credit (225) 388-0230

CREDIT APPLICATION

Please complete and return to the Credit Manager.

Advocate Salesperson's Name Rep # Name of Individual Business / Corporate Name Date Address Telephone City, State, Zip Fax Type of Business Sic Code: State Incorporated Cell Phone Business Web Site URL E-Mail Address for contact person Business Email Address for Digital Tearsheets / Digital Invoices Additional Email Addresses Year Started Individual Franchise Proprietorship Partnership Assumed Name, If any Taxpayer ID# or SS# Parent Company Address

Owners, partners, or corporate officers:

Table with 8 columns: NAME, TITLE, HOME ADDRESS, CITY, STATE, ZIP, PHONE, S. S. NUMBER. Rows 1, 2, 3.

Previous business or other current connections of principals:

Credit References: (List Media references if possible)

Table with 4 columns: NAME, ADDRESS, PHONE, ACCOUNT NUMBER. Rows 1, 2, 3.

Bank References:

Table with 4 columns: NAME, ADDRESS, PHONE, ACCOUNT NUMBER. Rows for Checking, Loan, Bank Officer Contact and Phone #.

Has Applicant ever been denied credit with us in the past and when? Yes ___ No ___ Why? Is Applicant presently past due on any of its obligations to others? Yes ___ No ___ Why? Are there any suits, judgments, garnishments or other legal proceedings pending against Applicant? Yes ___ No ___ Has Applicant ever filed a petition in bankruptcy or has a petition in bankruptcy filed against it? Yes ___ No ___ When? ___

CREDIT TERMS: Applicant understands that all charges are due by the 15th of the month following the date of the invoice. Applicant agrees to pay 1 1/2% per month (18% per year) on all outstanding balances not paid by the 15th of the following month.

Applicant and the undersigned representative certify that all information within this application is true and correct. Capital City Press, LLC is authorized to obtain such information as it may require to verify the information included herein and to take such additional inquires as may be related to or associated with the Application or the collection of the amounts extended pursuant to this Credit Agreement.

Date APPLICANT BY Title

PERSONAL GUARANTY

The undersigned (whether one or more, "Guarantor") absolutely and unconditionally guarantees the prompt payment, performance and satisfaction of any and all Applicant's present and future indebtedness, including all interests, attorney's fees or other fees and charges of whatever nature and kind, due to Capital City Press, LLC by Applicant or any successors, assignees or transferees of Applicant without requiring any notice of nonpayment, demand, dishonor or nonperformance.

WITNESS GUARANTOR PRINT NAME GUARANTOR SOCIAL SECURITY # HOME ADDRESS