



**American Airlines Publishing
Credit Application**

American Way c/o American Airlines Publishing
4333 Amon Carter Blvd., MD 5374 Ft. Worth, TX 76155
Credit Department Phone 817.967.1796 Fax 817.931.9300

Date: _____ AAP Account Manager: _____

Please Indicate: Advertiser _____
Agency: _____ (If Agency, indicate name of client: _____)

Company Name _____ Phone _____
Street Address _____
City _____ State _____ Zip _____
Nature of Business _____ Date Established _____

ORGANIZATION OR BUSINESS: (PLEASE CHECK ONE)

Sole Proprietorship Limited Liability Co. Partnership
 Corporation (Incorporated in the State of _____)
 Other (Specify): _____

Federal ID# _____ (If no Federal ID#, please provide SS# _____)

ACCOUNTS PAYABLE CONTACT & BILLING ADDRESS:

Name _____ Title _____
Billing Street Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ E-mail _____

ANTICIPATED INSERT INFORMATION:

Anticipated Amount: _____ per insertion, beginning with the _____ issue.
Anticipated annual gross amount _____. Total number of insertions _____.
What company will submit or has submitted the insertion order(s)? _____

BANK INFORMATION:

Bank Name _____ Title _____
Name of Bank Officer _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ E-mail _____
Type of Account _____ Account Number _____

American Airlines Publishing

Credit Application Continued

MEDIA TRADE REFERENCES: (With whom you have done business within the last year. Media references are strongly preferred.)

1. Company Name _____
Account Number _____
Street Address _____
City _____ State _____ Zip _____
Contact Name _____
Contact Phone _____ Contact Fax _____
Type of Product/Service Purchased: _____

2. Company Name _____
Account Number _____
Street Address _____
City _____ State _____ Zip _____
Contact Name _____
Contact Phone _____ Contact Fax _____
Type of Product/Service Purchased: _____

3. Company Name _____
Account Number _____
Street Address _____
City _____ State _____ Zip _____
Contact Name _____
Contact Phone _____ Contact Fax _____
Type of Product/Service Purchased: _____

I, the undersigned, do hereby state that the information on this application is true and correct to the best of the undersigned's knowledge. I further authorize any bank, vendor, supplier, or business with whom I (or where appropriate, the corporation, limited liability company, or partnership) am doing or have done any type of business to give all necessary information to you which will assist in your credit investigation.

Also, we agree to pay all costs of collection, including reasonable attorneys' fees incurred by American Airlines Publishing because of any breach of our obligations under any agreement entered into based on this application, whether the agreement concerns advertising already placed, or to be placed.

If advertiser chooses to utilize the services of an agent for the procurement, placement, or payment of advertising, it may do so. However, the advertiser and its agency assume liability jointly and severally for the payment of all advertising published by its agent and for all contents of all advertisements published. American Airlines Publishing will not recognize disclaimers, such as sequential liability, on your insertion orders. Payment by advertiser to the agent shall not constitute payment to American Airlines Publishing. All orders are subject to the terms and conditions of the applicable product's rate card.

Any communications written or oral regarding any dispute and/or payments relative to any invoice or account which is the subject of any dispute must be sent to: American Airlines Publishing, Attention: Credit Manager, 4333 Amon Carter Blvd, MD 5374, Fort Worth, TX, 76155, and not to the regular payment/remittance address as shown on the billing invoice.

APPLICANT'S SIGNATURE ALSO ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS (NET 30 DAYS FROM DATE OF INVOICE).

AUTHORIZED SIGNATURE

DATE

PRINTED NAME

TITLE