

COIN WORLD

COIN Values

AMOS HOBBY PUBLISHING

Linn's Stamp
NEWS

SCOTT

Paper Money
VALUES

WORLDWIDE
COINS

ADVERTISING APPLICATION

All advertisers must complete this application, whether or not credit is being requested at this time. All references will be checked, both to determine credit worthiness and to establish a history of responsible business activity. It is important to fully complete the entire application to insure there will be no delay in placing your advertising.

It is understood this information will be held in strictest confidence.

Date _____ Federal ID # _____ Email Address _____ Fax _____

Individual or
Company Name _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Type of Ownership Corporation Partnership Individual Date Started _____

If corporation, where incorporated _____

Principals of Firm	Title	Social Security No.	Home Address and Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a minor? _____ If so, please request a Guaranty for Minor Form. References should be for your parents or guardian as guarantors.

Have you done Business with Amos Press in the past? () Yes () No Publication or Division _____

TRADE REFERENCES

These two references should be dealers with whom you have an established business relationship. If this is not possible, then you may use personal references. (no credit cards)

Company Name _____
Street _____
City _____ State _____ Zip _____
Fax _____

Company Name _____
Street _____
City _____ State _____ Zip _____
Fax _____

Person we should address this inquiry to: _____

Person we should address this inquiry to: _____

BANK (Savings Account)

Name _____
Street _____
City _____ State _____ Zip _____
Name on Account _____
Account # _____

BANK (Checking Account)

Name _____
Street _____
City _____ State _____ Zip _____
Name on Account _____
Account # _____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoice statement in accordance with terms specified in applicable rate card.

I hereby authorize the company to whom this application is made, or any credit bureau or investigative agency employed by such company, to investigate any references herein listed or statements or other data obtained from me or from any other person pertaining to the credit and financial responsibility of the above named company.

I hereby give my signed authorization for the above references to furnish the requested information to Amos Hobby Publishing, Sidney, Ohio.

Name _____
(Please Print)

Title _____ Date _____
(for non-individual applicants only)

Signature _____

Upon completion, please forward to our office for approval.

FAX: 800-340-9501 MAIL: P.O. Box 150, 911 Vandemark Rd., Sidney, OH 45365.