

**- APPLICATION FOR CREDIT ACCOUNT -**

<b>REGISTERED COMPANY NAME:</b> _____	<b>OPERATING NAME:</b> _____
<b>PHYSICAL ADDRESS</b>	<b>BILLING ADDRESS</b>
STREET _____	STREET _____
CITY _____ PROVINCE _____	CITY _____ PROVINCE _____
POSTAL CODE _____ PHONE _____	POSTAL CODE _____ PHONE _____

DATE BUSINESS COMMENCED \_\_\_\_\_

PRIOR LEGAL NAMES / ASSOCIATED COMPANIES \_\_\_\_\_

PRIOR LEGAL NAMES / ASSOCIATED COMPANIES \_\_\_\_\_

PURCHASING CONTACT NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PAYABLES CONTACT NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

<b>PRINCIPAL OFFICERS</b>	<b>PRINCIPAL OFFICERS</b>
NAME _____ TITLE _____	NAME _____ TITLE _____
STREET _____	STREET _____
CITY _____ PROVINCE _____	CITY _____ PROVINCE _____
POSTAL CODE _____ PHONE _____	POSTAL CODE _____ PHONE _____

PURCHASE ORDER REQUIRED?  Y  N PST # \_\_\_\_\_ GST # \_\_\_\_\_

**AMOUNT OF CREDIT APPLIED FOR:** \_\_\_\_\_

NAME OF BANK \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT MANAGER'S NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ MGR PHONE # \_\_\_\_\_

MAJOR SUPPLIER REFERENCES		
NAME OF BUSINESS _____	CONTACT _____	PHONE _____
STREET _____	CITY _____	
PROVINCE _____	POSTAL CODE _____	
NAME OF BUSINESS _____	CONTACT _____	PHONE _____
STREET _____	CITY _____	
PROVINCE _____	POSTAL CODE _____	
NAME OF BUSINESS _____	CONTACT _____	PHONE _____
STREET _____	CITY _____	
PROVINCE _____	POSTAL CODE _____	

I / We certify that the above information is true and give Les Productions Midcan Productions Inc. permission to conduct a credit inquiry. I / We agree to **payment terms of net 20** days from the date of invoice. I / We agree that all overdue accounts will be charged interest at the rate of %1.5 per month from the due date, and to pay all legal and collection costs. I / We agree to pay a \$15.00 fee for any cheque returned by our bank. I / We do personally guarantee any monies owing to Les Productions Midcan Productions Inc.

AUTHORIZED SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_