



**COMPANY INFORMATION**

COMPANY TRADE NAME:  
\* COMPANY LEGAL NAME:  
ADDRESS:  
CITY: / COUNTRY: / POSTAL CODE:  
\* TELEPHONE: / \* FAX: / \* Other:  
\* E-MAIL ADDRESS:  
\* GST #: PST#

**FAX BACK TO:  
1-519-446-3822**

**BANKING INFORMATION**

\* NAME OF BANK:  
\* ACCOUNT #1: / ACCOUNT #2:  
ADDRESS:  
CITY: / COUNTRY: / POSTAL CODE:  
\* FAX: / \* ACCOUNT MANAGER:

**COMPANY INFORMATION - ADDITIONAL**

\* ACCOUNT'S PAYABLE PERSON  
\* TELEPHONE: / \* FAX: / \* E-MAIL  
PRIMARY BUYER :

**TRADE REFERENCES**

NAME: (LARGEST SUPPLIER) / DATE ACCOUNT OPENED:  
ADDRESS:  
CITY: / COUNTRY: / POSTAL CODE:  
TELEPHONE: / FAX:  
CONTACT: / TITLE: / PRODUCT SUPPLIED:  
HIGH CREDIT \$: / PRESENT BALANCE \$: / TERMS:  
NAME: (2ND LARGEST SUPPLIER) / DATE ACCOUNT OPENED:  
ADDRESS:  
CITY: / COUNTRY: / POSTAL CODE:  
TELEPHONE: / FAX:  
CONTACT: / TITLE: / PRODUCT SUPPLIED:  
HIGH CREDIT \$: / PRESENT BALANCE \$: / TERMS:

**TYPE OF BUSINESS**

TYPE OF BUSINESS: (MUSIC/VIDEO/RETAIL/WHOLESALE/OTHER)  
INCORPORATED COMPANY?: DATE OF INCORPORATION:  
PARTNERSHIP?: DATE OF PARTNERSHIP:  
PROPRIETORSHIP?: DATE BUSINESS COMMENCED:  
CONTROLLER:  
\* NAME PRINCIPAL OFFICER: / TITLE: / DATE OF BIRTH:  
RESIDENCE: / CITY: / PROVINCE: / TELEPHONE:

Movie Hunter: collects information from you for the purposes of establishing and maintaining a relationship: offering and providing products and services, rendering credit decisions, marketing services, , complying with the law, protecting our interests and for any other compatible purposes.

By signing the application you confirm the information is true and complete. You authorize us to verify and supplement the information.

I the undersigned, hereby personally guarantee all monies due Movie Hunter, by the company named on the credit application.

\* NAME (PLEASE PRINT): \* DATE: \* SIGNATURE:

**OFFICE USE ONLY**

ACCOUNT# TERMS: DISCOUNT:  
SALESPERSON: DIVISION: SHIPPING METHOD: