HST PERMIT NO.:

TELEPHONE: (905) 814-7902 FAX: (647) 439-0972 www.gsbts.com www.oakwoodbroadcast.com 385 Admiral Blvd, Unit 17 Mississauga, ON L5T 2M8

CREDIT APPLICATION PLEASE ENSURE ALL SECTIONS ARE COMPLETE

PAGE 1 OF 2 WEBSITE: DATE: COMPANY'S LEGAL NAME: MAILING ADDRESS: CITY: PROVINCE: POSTAL CODE: **TELEPHONE:** FAX: E-MAIL: SHIPPING ADDRESS: PROVINCE: POSTAL CODE: CITY: FORM OF ORGANIZATION:(a) SOLE PROPRIETORSHIP, OWNER (b) PARTNERSHIP, **OWNER** (c) CORPORATION, **OWNER** DATE ESTABLISHED: PREVIOUS BUSINESS: OFFICERS: PRESIDENT: VICE PRESIDENT: FINANCE: TYPE OF BUSINESS: PRODUCT LINES: PURCHASING CONTACT: ACCOUNTING CONTACT: PRIMARY BANK: CONTACT PERSON: TELEPHONE NO.: ADDRESS: CITY: PROVINCE: POSTAL CODE: TYPE OF ACCOUNT(S) ACCOUNT(S) NO.: AMOUNT OF CREDIT LINE REQUESTED: TERMS: **NET 30 (NON NEGOTIABLE)**

TRADE REFERENCES	S: (3 PRINCIPAL SUPPI	JIERS REQUIRED)	
1) NAME:	ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:	
PHONE:	E-MAIL AND NAME OF CONTACT:		
CREDIT LIMIT		ACCT NUMBER	
2) NAME:	ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:	
PHONE:	E-MAIL AND NAME OF CONTACT:		
CREDIT LIMIT		ACCT NUMBER	
3) NAME:	ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:	
PHONE:	E-MAIL AND NAME OF CONTACT:		
CREDIT LIMIT		ACCT NUMBER	
SIGNATURE:		TITLE:	
PRINT NAME:	DA7	TE:	