

David J. Woods Productions
 934 Eastern Avenue
 Toronto, Ontario, M4L 1A4
 Phone: (416) 778-8661
 Fax: (416) 778-8662

CREDIT APPLICATION

DATE: _____

BUSINESS INFORMATION		DESCRIPTION OF BUSINESS	
NAME OF BUSINESS		NO. OF EMPLOYEES	CREDIT REQUESTED
LEGAL (IF DIFFERENT)		TYPE OF BUSINESS	IN BUSINESS SINCE
ADDRESS		BUSINESS STRUCTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETERSHIP <input type="checkbox"/> DIVISION/SUBSIDIARY PARENT COMPANY IN BUSINESS FOR _____ _____	
CITY			
PROVINCE POSTAL CODE			
TELEPHONE	FAX		

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS			
NAME:	TITLE:	ADDRESS:	PHONE:
NAME:	TITLE:	ADDRESS:	PHONE:

BANK REFERENCES	
NAME OF BANK:	NAME TO CONTACT
BRANCH	ADDRESS
ACCOUNT NO.	TELEPHONE NUMBER

TRADE REFERENCES			
FIRM NAME	CONTACT NAME	TELEPHONE	ACCOUNT OPEN SINCE

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE AUTHORITY TO VERIFY		
I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by David J. Woods Productions in determining the amount and conditions of credit to be extended. I understand that David J. Woods Productions may also utilize the other sources of credit which it considers necessary in making this determination. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist David J. Woods Productions in establishing a line of credit.		
_____	_____	_____
<i>SIGNATURE</i>	<i>TITLE</i>	<i>DATE</i>

POLICY STATEMENT: INITIAL ORDER FORM NEW ACCOUNTS WILL NOT BE PROCESSED
 UNLESS ACCOMPANIED BY THE ABOVE REQUESTED INFORMATION.
 TERMS: NET 30 DAYS FROM DATE OF INVOICE UNLESS OTHERWISE STATED