



Dana Video Media Inc.
178 Merizzi, Ville St.Laurent
QC. H4T 1S4 CANADA
T. (514) 738 4747 F. (514) 738 5287

Credit Application

Company name: _____
Address: _____
Tel: _____ Fax: _____ Founded in: _____
Delivery address: _____
Owner or tenant of location: _____
Type of operations: _____
Tax ID (for Québec)(QST): _____ Tax ID (for Canada)(GST): _____
Tax ID (For USA only): _____ Number of employees: _____
Name of owner(s) or officer (s): _____
President: _____ Vice-President: _____
Accounts payable manager: _____

BANK REFERENCE

Bank: _____ Account No.: _____
Address: _____ Tel: _____

<u>SUPPLIERS</u>	<u>Name</u>	<u>Address</u>	<u>Tel:</u>	<u>Fax:</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

With completion of this document, I ask that Dana Video Media Inc. (DVM) open an account in my name or in the above mentioned company's name. I authorize DVM to obtain all necessary information. I engaged myself in paying, on or before the last day of the month following the purchases by myself or the company mentioned above. I authorize DVDM to charge 2 % (monthly) for overdue balances. I agree to pay DVM all collection fees and associated costs on balances of 120 + days. I understand that the terms are net 30 days.

Client's signature: _____ Date: _____

FOR INTERNAL USE ONLY:

Account Representative: _____ Approved by: _____ Date: _____