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COMMERCIAL APPLICATION

COMMERCIAL INFORMATION					
Company Name		Legal Name		Sole-Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>
				Corporation <input type="checkbox"/>	Not-for-Profit <input type="checkbox"/>
Business Number	Years in Business:	Address:			Unit #
City:		Province	Postal Code:	Phone:	Fax:
Cell:	E-mail:			Web site:	
Own <input type="checkbox"/>	Landlord/Mtg. Holder:		Bank, Address & Account Number		
Rent <input type="checkbox"/>					

If shipping address is different, please list below:

Address	Unit#	City	Province	Postal Code:	Attention:
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PRINCIPAL INFORMATION		
Name	Telephone/Ext	Official Title
Name	Telephone/Ext	Official Title
Name	Telephone/Ext	Official Title

List all principals, partners, or shareholders above. If more than three, list on separate sheet of paper.

TRADE REFERENCES			
Name	Address	Telephone	FAX
Name	Address	Telephone	FAX
Name	Address	Telephone	FAX

APPLICATION			
<p>THE UNDERSIGNED CONSENTS TO THE OBTAINING OF SUCH INFORMATION AS MAY BE REQUIRED AT ANY TIME IN CONNECTION WITH THE CREDIT OR SERVICES APPLIED FOR ABOVE, OR ANY RENEWAL OR EXTENSION THEREOF, AND THE DISCLOSURE OF ANY INFORMATION CONCERNING THE UNDERSIGNED TO ANY CREDIT REPORTING AGENCY OR TO ANY PERSON WITH WHOM THE UNDERSIGNED HAS OR PROPOSED TO HAVE FINANCIAL RELATIONS. THE UNDERSIGNED ALSO VERIFIES THAT THEY ARE A GAMES RETAILER, ARE SELLING FROM A BRICK AND MORTAR STOREFRONT, AND CAN PROVE THIS UPON REQUEST.</p>			
Signature	Name (Printed)	Title	Date

For Office Use Only

ADV BOO CHA COL COM EDU
 FAM GIF HOB TOY SPO WS
 Rpg ccg cmg mini paint puz bg toy
 FR CC / COD Frequency _____