

TOY GALAXY

63 Via Renzo Drive, Richmond Hill, ON L4S 0B4 Ph 905 470-2999 Fax 905 470-6001

CREDIT APPLICATION

Legal Business Name: _____

DBA: _____ Date Business Established: _____

(doing business as:)

ADDRESS: _____

City/Town: _____ Postal Code: _____ Province _____

Phone _____ Fax _____ E-Mail: _____

Organization () Corporation () Partnership () Proprietorship ()

List full names, addresses and titles of all officers, partners or owners:

Name: _____ Position _____ Phone _____

Address _____

Name: _____ Position _____ Phone _____

Address _____

Name: _____ Position _____ Phone _____

Address _____

Bank Information

Bank: _____ Location _____

Phone # _____ Fax # _____

Contact Name # _____ Account # _____

Trade Information

1. Company _____ Location _____

Phone # _____ Fax # _____ Contact _____

2. Company _____ Location _____

Phone # _____ Fax # _____ Contact _____

3. Company _____ Location _____

Phone # _____ Fax # _____ Contact _____

I/We expressly consent to **VERI-CHEQUE LTD. AND/OR TOY GALAXY** to obtain any reports containing credit or personal information that is required in obtaining credit from **TOY GALAXY**. I/We declare that the information given on this application is true and accurate in every aspect. This declaration is made for the purpose of obtaining credit from **TOY GALAXY** and will remain confidential.

Signed: _____ Position: _____ Date: _____

Office Use: Sales Rep: _____