

# APORIA RECORDS CREDIT APPLICATION

Please complete all of the following information in order to expedite the processing of your application:

Bill to:			Ship to:		
Business Name:			Business Name:		
Address:			Address:		
City:	Prov/State:	Postal/Zip:	City:	Prov/State:	Postal/Zip:
Telephone:	Fax:		Telephone:	Fax:	
Email:			Email:		

Type of business: (check one, please)

- |   |   |
|---|---|
| <input type="checkbox"/> Home Décor/Furniture/Giftware Shop | <input type="checkbox"/> Distributor: _____ |
| <input type="checkbox"/> Bookstore                          | <input type="checkbox"/> Mail Order         |
| <input type="checkbox"/> Music Retailer                     | <input type="checkbox"/> Mass Merchandiser  |
| <input type="checkbox"/> Coffee Shop/Café                   | <input type="checkbox"/> Specialty Shop     |
| <input type="checkbox"/> Other: _____                       | <input type="checkbox"/> Supermarket        |

Number of Years in Business: \_\_\_\_\_ If subsidiary, name of parent company: \_\_\_\_\_

Form of Business: \_\_\_\_\_  Corporation  LLC  Partnership  Proprietorship

## BANK INFORMATION

Bank:	Account #:	
Address:	Prov/State:	Postal/Zip:
Bank Contact Person:	Tel:	Fax:

## TRADE REFERENCES (suppliers preferred)

Reference #1	
Business Name:	Telephone:
Contact Name:	Fax:
Reference #2	
Business Name:	Telephone:
Contact Name:	Fax:
Reference #3	
Business Name:	Telephone:
Contact Name:	Fax:

## AGREEMENT TERMS

Aporia Records Inc. is hereby authorized to obtain information it considers necessary to process this credit application. The undersigned has authorized its banker to respond to our credit inquiries. The undersigned agrees to pay interest on overdue accounts at the rate of 2% per month. In the event it becomes necessary for Aporia Records Inc. to incur collection costs, or institute suit to collect any amount due under this agreement, or any portion thereof, the undersigned promises to pay such additional costs, charges, and expenses including reasonable attorney's fees if the account is placed in the hands of an attorney for collection.

Name of Authorized Officer (Please Print):	Title:	Date:
Signature:		

Return this Application by Fax to: 416-944-8034