

BUSINESS INFORMATION

Legal Business Name	Business Trade Name (DBA)	Main Contact	Email
Billing Address	City Prov Postal Code	Phone	Fax Web
Business Type: Inc - Partnership - Proprietorship	Start Date / Date of Incorporation	Business Description	
Is Property Leased or Owned	Years at Current Address	Previous Address (If less than 2 years)	
Dun & Bradstreet #	Accounts Payable Contact	Accounts Payable Email	
PST#	GST#	NEQ#	
Annual Sales Volume	Number of Locations	Number of employees	

BANKING INFORMATION

Bank Name	Bank Address	City	Prov	Postal Code
Bank Phone	Bank Fax	Business Manager		
Account #	Transit #	Date Opened		

If applying for credit terms, please specify amount here (Note: A separate form will have to be completed if requiring terms)

ADDITIONAL OWNER AND COMPANY INFORMATION

Owner #1	% Ownership	Owner #2	% Ownership	Owner #3	% Ownership
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Has any owner filed for bankruptcy? If Yes, specify owner, date of bankruptcy and final decision

Has the company applying ever filed for bankruptcy?

TRADE REFERENCES

* REFERENCES MUST BE ABLE TO QUOTE A MINIMUM OF ONE FULL YEAR TRADE EXPERIENCE.
* PLEASE DO NOT LIST: INGRAM MICRO, SYNEX or TECHDATA AS THEY DO NOT RELEASE TRADE REFERENCE.
MUST PROVIDE AT LEAST TWO TRADE REFERENCE UNLESS PAID BY CASH OR CERTIFIED CHEQUE.

#1 Business Name	Account Number	Reference Name
Business Address	Business Phone and Contact Email	What were your credit terms?
#2 Business Name:	Account Number	Reference Name
Business Address	Business Phone and Contact Email	What were your credit terms?

CONDITIONS

I/we consent to the obtaining of bank/credit and/or personal information as may be required at any time in connection with the credit hereby applied for or renewal or extension thereof and to the disclosure of the credit information concerning me/us and/or my/our company to any credit reporting agency or to any person with the undersigned who has or purports to have financial relations. I/we further agree to indemnify MGI Distribution from all claims, which may arise because MGI Distribution disclosed information about myself/us and/or my/our company. I/we further agree to pay a service charge, currently 2% per month compounded monthly (26.82% per annum) on any overdue balance until paid. In the event that any action or suit is instituted to collect amount due on our accounts, I/we agree to pay all legal and collection fees in addition to the amount owed plus interest charges.

I / WE CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT.

Date (D/M/Y): _____ Signature x _____ Print Name: _____

* Please complete, sign and fax this form back to our accounting department: **FAX: 514-989-9983**

* You may also scan and email the completed form back to us: EMAIL: **sales@goMGI.com**