



CREDIT APPLICATION

| | |
|-----------------------------|-----------------|
| BUSINESS INFORMATION | CUSTOMER NUMBER |
|-----------------------------|-----------------|

| | |
|-----------------------------|-------|
| BUSINESS NAME | |
| LEGAL NAME (IF DIFFERENT) | |
| BILL TO ADDRESS | |
| CITY | PROV. |
| POSTAL | |
| PHONE | FAX |

SHIP TO INFORMATION (if different than above)

| | |
|---------|-------|
| NAME | |
| ADDRESS | |
| CITY | PROV. |
| POSTAL | |
| PHONE | |

COMPANY PRINCIPLES

| NAME | TITLE | ADDRESS | HOME PHONE |
|-------------------------------------|-------|---------|------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| MANAGER OR CONTACT | | | |
| WHO IS AUTHORIZED TO MAKE PURCHASES | | | |

BANK REFERENCES

| | |
|--------------|----------------------|
| NAME OF BANK | CONTACT |
| BRANCH | CHEQUING ACCOUNT NO. |
| ADDRESS | PHONE NO. |

TRADE REFERENCES

| | | |
|-----------|---------|-------|
| FIRM NAME | ADDRESS | PHONE |
| | | FAX |
| FIRM NAME | ADDRESS | PHONE |
| | | FAX |
| FIRM NAME | ADDRESS | PHONE |
| | | FAX |

DESCRIPTION OF BUSINESS

| | | | |
|-------------------------|----------------------|-------------|----------------|
| TYPE OF BUSINESS | HOW LONG IN BUSINESS | | |
| PST NUMBER | CORPORATION | PARTNERSHIP | PROPRIETORSHIP |
| DESCRIPTION OF BUSINESS | | | |
| | | | |
| | | | |
| | | | |

I, undersigned, declare that all the information supplied in the Credit Application is accurate, and that I am authorized to request a charge account. Furthermore by signing this credit form, I agree and consent to authorize Playit Direct to obtain from any credit reporting agency or other source, such information as it may deem appropriate, at any time in connection with credit hereby applied for. All outstanding accounts are subject to a 2% per month interest charge. I understand that all purchases remains the property of Playit Direct until all outstanding charges are paid for in full. I acknowledge that I am jointly and severally liable for all purchases and/or services requested from Playit Direct under my own name, trade name or corporate name.

NAME (PRINT)

SIGN

DATE

CREDIT CARD AUTHORIZATION

In consideration of Playit Direct providing a credit account, I hereby unconditionally authorize and direct Playit Direct (A Division of Playit Incorporated) to debit my VISA/MASTERCARD/AMERICAN EXPRESS account for any balances outstanding on my account, including without limiting the generality of the forgoing, payments in arrears as well as applicable service charges thereon. This serves as my good and sufficient authority to do so.

CARD NUMBER

SIGN

EXPIRY DATE

DATE