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CUSTOMER INFORMATION PROFILE

Company Name:	Corporation: Partnership: Proprietorship:
Billing Address:	Date Established: ____ Tax Exempt: no yes
City & Province:	If applicable - Tax Exemption No.
Postal Code: Phone No. Fax No.	
Owners or Officers	If Corporation - Province Incorporated:
Name & Title:	Years in Business:
Home Address:	Parent Company
Home Phone: Birthdate:	Address:
SIN: %of ownership	Phone No.
Name & Title:	Estimated monthly sales:
Home Address:	Business Type:
Home Phone: Birthdate:	Email Address:
SIN: %of ownership	A/P Contact:
Finance:	
Bank: Account # Contact Name:	
Bank address: Phone:	
Trade References:	
Business Name: Contact Name:	
Phone: Fax:	
Business Name: Contact Name:	
Phone: Fax:	
Business Name: Contact Name:	
Phone: Fax:	

**TERMS: NET 30 DAYS FROM DATE OF INVOICE
 2% INTEREST PER MONTH OR 26.82% PER ANNUM
 ON OVERDUE ACCOUNTS.**

I hereby certify that all the information in this form is correct. I fully understand the credit terms and agree to the proper payment in consideration of extended credit. The information included in this credit application is for use by Phoenix Media Direct Inc. in determining the terms and conditions of credit to be extended. I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Phoenix Media Direct Inc. in establishing a line of credit.

Signature

Name and Title

Date