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Confidential Credit Application

Legal Name of Firm: _____
Doing Business Under the Name Of: _____
Type of Business: _____

Principal Business Address:

Street: _____
City: _____ Province: _____ Postal: _____
Phone: _____ Fax: _____
At Present Location Since: _____ Year Business Established: _____

Names of Principal(s) or Owner(s):

Name: _____ Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Financial Information:

Bank: _____ Account: _____
Address: _____ Fax: _____
Contact: _____ Phone: _____

Credit Information:

Anticipated Credit Requirements: _____ / month
Authorized Purchasing Agents: Accounts Payable Contacts:
1) _____ 1) _____
2) _____ 2) _____

Trade References:

Name: Street Address: City: Fax:
1) _____
2) _____
3) _____

The Undersigned certifies that the above information is true and correct.
The Undersigned expressly agrees to pay interest at the rate of 2% per month on overdue invoices,
which is an annual percentage of 24%.
Oakwood Broadcast is hereby authorized to conduct whatever investigation is necessary in reference to the above application

Date: _____ Name: _____
Signature: _____ Title: _____

Office Use Only:

Date: _____ #: _____
Approved By: _____ C.L. _____
Remarks: _____