

**MARKLYN CO.INC.**  
 (MOONRAKER PROFESSIONAL FILM)  
**190 HIGHWAY # 7 WEST, SUITE 28,**  
**BRAMPTON, ONTARIO. CANADA L7A 1A2**  
**TEL: (905) 451-4611 - FAX (905) 451-9809**

**\*\*\*CREDIT APPLICATION\*\*\***  
 (Please complete and return by Fax or Mail)

**BUSINESS INFORMATION**

**COMPANY NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TEL # ( )** \_\_\_\_\_ **FAX # ( )** \_\_\_\_\_  
**FED I.D. # / P.S.T. #** \_\_\_\_\_

**CORPORATION** \_\_\_\_\_  
**PARTNERSHIP** \_\_\_\_\_  
**SOLEY OWNED** \_\_\_\_\_

**BUSINESS CONTACTS**

<input type="checkbox"/>	<b><u>C.E.O.</u></b>	<b><u>PURCHASING</u></b>	<b><u>ACCOUNTING</u></b>
<b>NAME:</b>	_____	_____	_____
<b>TITLE:</b>	_____	_____	_____
<b>OFFICE TEL:</b>	_____	<b>HOME TEL:</b>	_____
<b>FAX #:</b>	_____		

**BANK REFERENCES**

<b>BANK NAME:</b> _____	<b>ACCOUNT #</b> _____
<b>ADDRESS:</b> _____	<b>CONTACT</b> _____
_____	<b>TELEPHONE #</b> _____
_____	<b>FAX #</b> _____

**TRADE REFERENCES**

<b><u>FIRST</u></b>	<b><u>SECOND</u></b>	<b><u>THIRD</u></b>
<b>CO.NAME:</b>	_____	_____
<b>CONTACT:</b>	_____	_____
<b>CITY:</b>	_____	_____
<b>PROV/STATE:</b>	_____	_____
<b>TEL #:</b>	_____	_____
<b>FAX #:</b>	_____	_____

**PLEASE SIGN BELOW:**

I hereby authorize the Bank & Trade References to release any  
 \_\_\_\_\_ Information required by **MARKLYN CO.INC.**

Marklyn Use Only :

Credit Limit Assigned: _____	Date Checked: _____	Approved By: _____
	Account #: _____	Rated: _____