



ACCOUNT APPLICATION FORM

Fax Completed Application to 905-264-0264 Patrick Currier

COMPANY INFORMATION

(TO BE COMPLETED IN FULL)

PLEASE PRINT CLEARLY IN INK.

CUSTOMER NAME (Business and Legal Names)

INVOICE MAILING ADDRESS

ADDRESS LINE 2

CITY PROV POSTAL CODE

ATTENTION

SHIP TO ADDRESS: (if different from mailing address)

DELIVERY ADDRESS

ADDRESS LINE 2

CITY PROV POSTAL CODE

SPECIAL DELIVERY OR ORDER INSTRUCTIONS

ADDITIONAL INFORMATION

CONTACT NAME FOR PAYMENTS	TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
CONTACT NAME FOR ORDERS	TELEPHONE NUMBER		EST'D ANNUAL PURCHASES FRO G&T
CONTACT NAME FOR SHIPMENTS	TELEPHONE NUMBER		NO. OF EMPLOYEES THIS LOCATION
DATE BUSINESS STARTED	PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INCORPORATED <input type="checkbox"/>	PARENT CO. NAME	OFFICE TOTAL
AFFILIATED COMPANIES, IF ANY	GRAND & TOY ACCOUNT NO.	ARE P/O's MANDATORY FOR ALL PURCHASES? YES <input type="checkbox"/> NO <input type="checkbox"/>	

TRADE REFERENCE INFORMATION

1) COMPANY NAME	CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER
2) COMPANY NAME	CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER
3) COMPANY NAME	CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER

BANK INFORMATION

BANK NAME	CONTACT PERSON	TELEPHONE NUMBER
BRANCH ADDRESS	DATE ACCOUNT ESTABLISHED	ACCOUNT NUMBER

OWNER INFORMATION

NAME	TITLE	HOME TELEPHONE NUMBER
RESIDENCE ADDRESS	CITY	PROVINCE POSTAL CODE

OWNER IDENTIFICATION (For Charge Accounts, please provide at least two of the following for identity verification):

1. DRIVER'S LICENCE	PROVINCE	2. DATE OF BIRTH (M/D/Y)	3. SOCIAL INSURANCE NUMBER (Optional)
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CREDIT CARD PAYMENT OPTION

CREDIT CARD TYPE:

VISA MASTERCARD AMERICAN EXPRESS DINERS CLUB / ENROUTE

CARDHOLDER NAME (PLEASE PRINT)	CARD NUMBER	EXPIRY DATE (M/Y)
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I / We request that all purchases on the Grand & Toy account hereby applied for be billed to the above credit card number.

I / We understand that any purchases declined by the credit card company will be charged back to our Grand & Toy account.

CARDHOLDER SIGNATURE:	ACCEPTED ON (DATE):
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ACCOUNT AGREEMENT

THE UNDERSIGNED HEREBY: (a) Certifies the information contained in all parts of this document to be correct and requests that a charge account and identification cards be issued by **GRAND & TOY LIMITED ("Grand & Toy")** to the Customer; (b) Understands that all charge card(s) remain the property of Grand & Toy; (c) Accepts responsibility for the security and confidentiality of the account number and card(s); (d) Accepts responsibility for their use; (e) Agrees to report all lost or stolen cards in writing; (f) Accepts as notice in writing of and consents to the obtaining of credit and/or any other information as may be required at any time in connection with the account hereby applied for and to the disclosure of any credit information concerning the Customer and/or principals with any credit reporting agency, credit bureau or any person or corporation with whom the Customer has or proposes to have financial relations; (g) Understands that the terms of sale are as stated on all invoices; (h) Agrees to a finance charge of 2.4% (28.8% per annum) calculated on any amount not paid by the due date; (i) Agrees to pay a \$25.00 service charge for any cheques returned unpaid by the bank for any reason; (j) Understands that all merchandise shall remain the property of Grand & Toy until the account has been paid in full; (k) Understands that all returned and accepted merchandise is subject to restocking charges. Grand & Toy reserves the right to withhold shipments to customers that do not meet these terms.

The undersigned warrants that he/she has read and accepts the terms and conditions noted above.

CUSTOMER'S SIGNATURE	PRINT NAME	TITLE	DATE
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OFFICE USE ONLY

SALES UNIT	ORIGINATED BY ##	ACCOUNT NUMBER	CREDIT LIMIT	AUTHORIZED SIGNATURE	DATED APPROVED
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