

GAIAM.CA / ENTERTAINMENT ONE LIMITED PARTNERSHIP

WHOLESALE ACCOUNT APPLICATION

| APPLICANT INFORMATION | |
|---------------------------------------|--|
| OPERATING/TRADE NAME: | |
| LEGAL NAME (IF DIFFERENT FROM ABOVE): | |
| ADDRESS: | |
| | |
| | |
| TELEPHONE NUMBER: | |
| FAX NUMBER: | |
| PRINCIPAL: | |
| E-MAIL ADDRESS: | |
| WEBSITE: | |

| TYPE OF BUSINESS | |
|--------------------------------------|-----|
| INCORPORATED COMPANY: | YES |
| (If "yes", provide copy of articles) | NO |
| DIRECTORS (Names / Addresses) | |
| | |
| PARTNERS (Names / Addresses): | YES |
| | NO |
| SOLE PROPRIETORSHIP: | YES |
| | NO |

Entertainment One collects information from you for the purpose of establishing and maintaining a business relationship, offering and providing products and services, rendering credit decisions, marketing services, complying with the law, protecting our interests and for any other compatible purpose. By signing below you confirm that all of the information contained in this application is true and complete. You authorize Entertainment One to verify any of the above information against the Applicant and/or its principals.

| | |
|------------|--|
| Name: | |
| Position: | |
| Date: | |
| Signature: | |

**Please fax a completed copy of this form along with a copy of your Business Registration to:
905-463-9891 ATTN: Gaiam.ca Wholesale Set-up**

You will receive a response via email within 2 business days along with your user name for www.gaiam.ca.