

CLIENT PROFILE FORM

Please Return to RBC® Place London:

300 York Street
London, ON N6B 1P8

or

Fax: 519.661.5990

or

online@londoncc.com

1) CORPORATE INFORMATION

Legal Name of Corporation, Association, Organization: _____

Business Address: _____

City _____ Province _____ Postal Code _____
(State) (Zip Code)

Business Phone: _____ Website: _____

Number of years in business: _____

Owner/President of Organization:

Name: _____

Positions: _____

Phone: _____

Signing Officer(s):

Name: _____

Positions: _____

Phone: _____

Authorized Contact Person for Event/Booking:

Name: _____

Positions: _____

Phone: _____

2) ORGANIZATION STATUS

COMPLETE WHERE APPLICABLE:

Nature of Business: _____

Parent Company or National Association: _____

Provincial Registration Information or # _____

National Registration Information or # _____

City of London, Business License # _____

CLIENT PROFILE FORM

3) INSURANCE

Insurance Company: _____

Contact Name: _____

Phone: _____

Fax Number: _____

4) CREDIT REFERENCE

1) Name of Company: _____ Phone: _____

Contact Name: _____ Fax: _____

Address: _____

Date Event Was Held: _____

2) Name of Company: _____ Phone: _____

Contact Name: _____ Fax: _____

Address: _____

Date Event Was Held: _____

3) Name of Company: _____ Phone: _____

Contact Name: _____ Fax: _____

Address: _____

Date Event Was Held: _____

5) BANK INFORMATION

Bank Name : _____

Address: _____

Contact: _____ Phone: _____

Account Number: _____

I certify that the above information is true and correct. I authorize RBC Place London to obtain or exchange credit information with any person or credit information agent towards establishing or verifying my financial standing.

Authorized Signature _____ Date _____

Name _____ Title _____

Residing at _____ for and in consideration of your extending credit at my request to (herein referred to as the "Company") of which I am _____ (title), hereby personally guarantee to RBC Place London all payment that this guarantee shall be a continuing and irrevocable guarantee of such indebtedness of the company.

EVENT PROFILE FORM

Please Return to the RBC Place London:

300 York Street
London, ON N6B 1P8

or

Fax: 519.661.5990

or

online@londoncc.com

The following information is required for public events that are not meetings, conventions or conferences.

Name of event planned (name to be promoted under):

Dress code or theme: _____

Beverages (e.g. alcoholic, non-alcoholic, coffee service):

Program for the evening (proposed schedule and program, including entertainment schedule):

ENTERTAINMENT

Name : _____

Type of Entertainment: _____

Setup Schedule (lights, sound, etc.) :

Other facilities entertainers have used: _____

Contractor or Preferred Supplier to be used: _____

Ticket Sales/Distribution Outlet: _____

Cost per Ticket: _____

Location & Date of even held prior year: _____

Reference 1 name and phone: _____

Reference 2 name and phone: _____

If new event, what other events have you held: _____

Office Use Only:

Approved/Declined by: _____ Date: _____