

**RE:SOUND PAY AUDIO SERVICES TARIFF - REPORT FORM  
(SYSTEM WITH MORE THAN 2000 PREMISES IN THE SAME AREA)**

REPORT FOR MONTH :

NAME OF SYSTEM

(DISTRIBUTION UNDERTAKING) :

SERVICE AREA:

COMPANY'S LEGAL NAME:

NAME OF PRESIDENT:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

TEL. NO.

FAX NO.

CONTACT NAME:

E-MAIL ADDRESS:

NAME OF PROGRAMMING UNDERTAKING	LIST OF PAY AUDIO SIGNALS	AMOUNT OF AFFILIATION PAYMENTS PAYABLE BY THE SYSTEM (DISTRIBUTION UNDERTAKING) FOR THE TRANSMISSION FOR PRIVATE OR DOMESTIC USE OF THESE SIGNALS
		\$
		\$
		\$
		\$
		\$
TOTAL AMOUNT OF MONTHLY AFFILIATION PAYMENTS:		\$
1	TOTAL OF MONTHLY AFFILIFATION PAYMENTS: (5.85% for 2003 - 2008)	\$
	APPLICABLE TAXES G.S.T. (7% x line 1)	\$
	APPLICABLE TAXES OR H.S.T. (15% x line 1)	\$
2	TOTAL TAXES	\$
3	MONTHLY INTEREST FACTOR (please refer to interest table in Canada Gazette)	
	Interest Factor X line 1	\$
	TOTAL PAYABLE Sum of lines 1 & 2 & 3	\$

BY SIGNING BELOW, YOU AGREE THAT :

ALL INFORMATION YOU HAVE PROVIDED IS CORRECT AND COMPLETE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Title