



Lower Level
60 NORTH QUEEN STREET,
ETOBICOKE, ON M8Z 2C4
ph: 416•236•1284 fax: 416•236•1283

NEW ACCOUNT APPLICATION FORM – C.O.D. ON FIRST ORDERS

LEGAL NAME: _____ TRADE NAME: _____

ADDRESS: _____

ZIP CODE: _____ TEL: _____ FAX: _____

COMPANY PRINCIPAL OWNERS: _____

NATURE OF BUSINESS _____ YEARS IN BUSINESS _____

CREDIT AMOUNT REQUIRED: _____ ACC/PAY CONTACT: _____

TRADE REFERENCES

(PLEASE DO NOT USE UNISOURCE OR COAST PAPER, AS THEY DO NOT RATE)

1. COMPANY NAME: _____

PHONE NUMBER _____ FAX NUMBER: _____

2. COMPANY NAME: _____

PHONE NUMBER: _____ FAX NUMBER: _____

3. COMPANY NAME: _____

PHONE NUMBER: _____ FAX NUMBER: _____

BANK REFERENCE: _____ TEL#: _____

ADDRESS: _____ ACCT#: _____

OUR TERMS ARE 2% 10 DAYS, NET 30. OVERDUE ACCOUNTS SUBJECT TO 2%(24% PER ANNUM) PER MONTH INTEREST CHARGES. I AGREE TO THE ABOVE CONDITIONS.

SIGNED: _____ DATE: _____

COMPANY USE ONLY

AUTHORIZED: _____ CREDIT LIMIT: _____