

For your convenience you can now complete this Credit Application online, save it and Email it back to us at: mailbox1@mcdermidpaper.com or print it and fax it back to us at 1-800-387-9178

McDERMID PAPER CONVERTERS LIMITED

B 2951 Bristol Circle, Oakville, ON L6H 6P9

Tel: (905) 819-8900 Toll Free Tel: 1-800-820-2662

Fax: (905)-819-9800 Toll Free Fax: 1-800-387-9178

APPLICATION FOR CREDIT

DATE: _____ YOUR FULL LEGAL COMPANY NAME: _____

BILLING ADDRESS:

SHIPPING ADDRESS:

TELEPHONE #: _____

FACSIMILE #: _____

Type of Business: Corp. Partnership Sole Proprietorship

How Long in Operation: Years: _____ Months: _____ Monthly Requirements: \$ _____

Accts. Payable Contact: _____ Monthly Statement of Account Required: Yes: No:

Bank Information:

Name of Bank & Address:

Account #: _____

Date Opened: _____

Contact Person: _____

Telephone #: _____

Fax #: _____

Trade References: (Minimum of 4 required. Please do not supply original equipment manufacturers). **Must have been in business for a minimum of one year.**

	Ref: 1	Ref: 2	Ref: 3	Ref: 4
Name:	_____	_____	_____	_____
Address:	_____	_____	_____	_____
Type of Business:	_____	_____	_____	_____
Telephone: ()	_____	_____	_____	_____
Fax: ()	_____	_____	_____	_____

Terms of Agreement: STRICTLY NET 30 DAYS (Unless otherwise stated). Original signed application must always be returned in the mail. If Credit extended, payment will be made within terms specified on invoice(s). In the event an invoice remains unpaid after due date 2% interest charges will be applied per month. If collection efforts or legal action become necessary, all pertinent costs or otherwise will be assumed by the customer or applicant.

Signature of Signing Officer: _____

Name: (Please Print) _____

Title: _____

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