

McDERMID PAPER CONVERTERS LIMITED

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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: _____

GOODS REMAIN THE PROPERTY OF McDERMID PAPER CONVERTERS LIMITED UNTIL INVOICE IS PAID AND McDERMID PAPER CONVERTERS LIMITED RESERVES THE RIGHT TO REPOSSES ITS MERCHANDISE IN THE EVENT OF NON-PAYMENT