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

APPLICATION FOR CREDIT DATE:YOUR FULL LEGAL COMPANY NAME:	McDERMID PAPER CONVERTERS LIMITEDTel: (905) 819-8900Toll Free Tel: 1-800-820-2662				B 2951 Bristol Circle, Oakville, ON L6H 6P9 Fax: (905)-819-9800 Toll Free Fax: 1-800-387-9178			
DATE: YOUR FULL LEGAL COMPANY NAME: BILLING ADDRESS: SHIPPING ADDRESS: BILLING ADDRESS: SHIPPING ADDRESS: BILLING ADDRESS: FACSIMILE #: BILLING ADDRESS: Corp. Partnership Sole Proprietorship How Long in Operation: Years: Monthis Monthiy Requirements: \$ Accts. Payable Contact: Monthis Statement of Account Required: Mame of Bank & Address: Account #: Contact Person: Contact Person: Bank Information: Fax #: Name of Bank & Address: Account #: Fax #: Fax #: Subiness for a minimum of 4 required. Please do not supply original equipment manufacturers). Must have been in business for a minimum of a required. Please do not supply original equipment manufacturers). Must have been in business for a minimum of a required. Please do not supply original equipment manufacturers). Must have been in business for a minimum of a required. Please do not supply original equipment manufacturers). Must have been in business for a minimum of a required. Please do not supply original equipment manufacturers). Must have been in business for a minimum of a required. Please do not supply original equipment manufacturers). Must have been in business for a minimum of a required. Please do not supply original equipment manufacturers). Must have been in protection or minimum of a required. Please do not supply original equipment manufacture					· · ·			
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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: Contact Please other within terms specified on invoice(s). In the event an invoice returned in the mail. If Credit extended, payment will be analy within terms specified on invoices). In the event an invoice returned in the mail. If Credit extended, payment will be assumed by the customer or applicant.								
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Bank Information: Name of Bank & Address: Account #:	Accts. Payable Conta	ict:		Monthly	Statement of Acco	ount Require	ed: Yes: No:	
Date Opened:	Bank Information:							
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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:	Telephone: ()_		()	()	()	
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)	Fax: ()_		()	()	()	
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Name: (Please Print)	Signature of Signing	Officer:						
	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