

PAPER ONLY*

ENROLLMENT FORM FOR COD ACCOUNT SET UP. Completed Enrollment forms may be faxed to 1-866-808-1054 or scanned and Emailed to credit@paperonly.ca

Applicant Name	Legal name			GST/HST number		
	Doing business as			PST number (for each province where goods will to be shipped)		
Billing Address	Address			City		
	Province	Postal code	Tel	Fax		
Shipping Address (if more than one, please attach separate sheet)	Address		Province	Postal Code	Telephone	
	Shipments to third party addresses/sites may require written authorization or hard copy purchase order.					
Billing Information	Send Invoices Attention:		Invoice/Statement Delivery Method: Please Circle: Fax Email	Invoice Email Address		Invoice Fax:
	Send Statement Attention:			Statement Email Address		Statement Fax:
Years in business under current ownership: _____			Purchase Order Required Yes <input type="checkbox"/> No <input type="checkbox"/>		Web Site Address:	
Officer/Principal/Owner Contact Information	Officer/Principal/Owner Full Name		Title		Do you have an account with Unisource? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	1.			If yes, please provide your Unisource Account Number.		
2.						

BY INDICATING YOUR ACCEPTANCE BELOW, YOU AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS ENROLLMENT APPLICATION AND OF THIS WEBSITE, INCLUDING WITHOUT LIMITATION THE TERMS AND CONDITIONS OF SALE. ALL SAID TERMS AND CONDITIONS ARE SUBJECT TO CHANGE BY PAPER ONLY FROM TIME TO TIME WITHOUT NOTICE. YOU AGREE TO REFER TO THE WEBSITE FOR THE LATEST VERSION OF THE TERMS AND CONDITIONS. BY INDICATING YOUR ACCEPTANCE BELOW, YOU AGREE TO COMPLY WITH ALL SAID TERMS AND CONDITIONS. By signature below, I certify that I understand, and shall comply with, the terms and conditions of the on-line credit application and of the website, including without limitation the Terms and Conditions of Sale, and that I have the authority to accept the foregoing and to bind my firm/employer.

Name (Please Print)	Signature	Title	Date
Name (Please Print)	Signature	Title	Date

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PLEASE COMPLETE BELOW IF YOU WOULD LIKE ONLINE ORDERING AND WEB ACCOUNT ACCESS:

Completed forms may be faxed to 1-866-808-1054 or scanned and emailed to credit@paperonly.ca

WE WOULD BE PLEASED TO PROVIDE WEB ACCOUNT ACCESS FOR YOU. PLEASE PROVIDE THE NAMES OF THE INDIVIDUALS/EMPLOYEES AUTHORIZED BY YOU FOR ACCESS TO YOUR COMPANY ACCOUNT ONLINE (If more than 3, please provide on a separate sheet).

Name	Title	Email Address
Name	Title	Email Address
Name	Title	Email Address

BY INDICATING YOUR ACCEPTANCE BELOW, YOU AGREE THAT, IF THIS WEBSITE REQUIRES IDENTIFICATION FOR PROCESS, YOU WILL ESTABLISH INTERNAL SECURITY PROCEDURES AND CONTROLS TO LIMIT ACCESS OF, AND TO PROPERLY PROTECT AND MAINTAIN, YOUR PASSWORD AND OTHER IDENTIFYING INFORMATION. YOU FURTHER AGREE THAT PAPER ONLY SHALL NOT BE LIABLE FOR ANY ACCESS, WHETHER OR NOT AUTHORIZED, TO YOUR WEB ACCOUNT OR TO YOUR PASSWORD OR OTHER INFORMATION. PAPER ONLY SHALL NOT BE RESPONSIBLE TO UPDATE OR RENEW CONTACT OR ACCESS INFORMATION TO YOUR WEB ACCOUNT. By signature below, I certify that I understand, and shall comply with, the terms and conditions of web account access and maintenance and that I have the authority to accept the foregoing and to bind my firm/employer.

Name (Please Print)	Signature	Title	Date
Name (Please Print)	Signature	Title	Date

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CREDIT CARD BLANKET AUTHORIZATION FORM.
FORM WILL BE KEPT ON FILE AND CHARGES AUTOMATICALLY PROCESSED AS THEY OCCUR.
Completed forms may be faxed to 1-866-808-1054 or scanned and emailed to credit@paperonly.ca

I, _____ representing _____ (company) hereby permit Paper Only*, to charge any monies owing by the above Company under customer # _____ to the following credit card, within one day of invoicing, customer hereby permits Paper Only* to process charges of up to \$ _____ until such time that these instructions are revoked or changed in writing to Unisource. This shall be your good and sufficient authority for doing so. I attach a copy of the credit card, front and back. I specifically consent that Paper Only* may release any personal information to the credit card company for the purpose of verifying the above transaction(s).

Credit Card #	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/>	Expiry Date:
Signature:	Name of cardholder:	Phone # where cardholder can be reached:

*Paper Only and each of its affiliated and related entities and each of its administrators, partners, principals, members, shareholders, directors, officers, trustees, employees, contractors, consultants, agents and attorneys, past, present, and future, and all predecessors, successors and assigns thereof ("Unisource").

PLEASE NOTE THAT CREDIT CARD CHARGES WILL APPEAR ON YOUR CREDIT CARD STATEMENT UNDER UNISOURCE CANADA, INC.

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PAPER ONLY* CREDIT CARD AUTHORIZATION FORM FOR COD PAYMENT.

THIS FORM MUST BE COMPLETED FOR EACH ORDER CHARGED TO YOUR CREDIT CARD. Completed forms may be faxed to 1-866-808-1054 or scanned and emailed to credit@paperonly.ca

I, _____ representing _____ (company) hereby permit Paper Only*, to charge \$ _____ for monies owing by the above company for purchases made on Invoice/P.O. # _____ to the following credit card. This shall be good and sufficient authority for doing so.		
Credit Card #	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/>	Expiry Date:
Signature:	Name of cardholder:	Phone # where cardholder can be reached:

PLEASE NOTE: CREDIT CARD IS ACCEPTED FOR PAYMENT AT TIME OF ORDER ONLY. CREDIT CARD MAY NOT BE USED TO PAY ACCOUNT BALANCES OR INVOICES WITH CREDIT TERMS. PLEASE NOTE THAT CREDIT CARD CHARGES WILL APPEAR ON YOUR CREDIT CARD STATEMENT UNDER UNISOURCE CANADA, INC.

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