

**PAPER ONLY\*** APPLICATION FOR CREDIT

Please complete all fields. Incomplete applications will delay the account approval process. Please fax completed applications to

<b>Applicant Name</b>	Legal name			GST/HST number	
	Doing business as			PST number (for each province where goods will be shipped)	
<b>Billing Address</b>	Address				City
	Province	Postal code	Tel	Fax	
<b>Shipping Address (if more than one, please attach separate sheet)</b>	Address				
	Province	Postal Code	Telephone		
Shipments to third party addresses/sites may require written authorization or hard copy purchase order.					
<b>Billing Information</b>	Send Invoice Attention:	Invoice/Statement Delivery Method: Email <input type="checkbox"/> Fax <input type="checkbox"/>	Invoice Email Address:	Invoice Fax Number:	
	Send Statement Attention:		Statement Email Address:	Statement Fax Number:	
<b>Bank Reference</b>	Name		Contact		Fax
	Account number		Branch		Tel
<b>Major Suppliers</b>  (must include one Paper products Supplier)	Company name		Contact	Tel	Fax
	1.				
	2.				
3.					
<b>Legal Entity</b>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Franchisee <input type="checkbox"/>	Corporation <input type="checkbox"/>	Trust <input type="checkbox"/>
	Incorporation date _____		Jurisdiction: Federal <input type="checkbox"/>	Provincial <input type="checkbox"/>	
<b>Years in business under current ownership:</b> _____		<b>Premises Leased?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Purchase Order Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has bankruptcy/CCAA reorg ever been declared? _____		If Yes, Name of Landlord: _____			
<b>Officer/Principal/Owner Contact Information</b>	Officer/Principal/Owner Full Name		Title	Residence address	SIN / Date of birth
	1.				
2.					
<b>Business Details</b>	Annual Sales Volume		Expected Annual Purchases?	Number of employees	DUNS Number
	When was your last audited financial statement? _____		Financial Contact Name, Title		Telephone Number
We may request a copy of your financial statements. Copy Attached? Please circle: Yes No					
<b>Web site address:</b> _____			Do you have an account with Unisource Canada? Yes No		Unisource Acct #
<b>Would you be interested in web ordering and/or web account access?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Web Contact Name, Title: _____			Web Contact Email		Telephone Number

**IMPORTANT TERMS AND CONDITIONS OF SALE:** Payment terms are net 10<sup>th</sup> of the month following the date of purchase. Credit card payments are accepted at time of order only, providing the account is not past due. A late payment charge of 1.75% per month (23.14% per annum) or any other rate as indicated on the invoice will be charged on any account having a balance older than 30 days. Title to goods will not pass until payment for goods is received in full. Applicable sales tax will be charged unless appropriate exemption certificates duly signed are received in accordance with government regulations. Paper Only and Unisource Canada, Inc. reserve the right to deny and revoke all credit privileges and to change these terms and conditions of sale without notice. Full terms and conditions are available on the website of Paper Only (www.paperonly.ca).

I certify that the information contained in this credit application is true and complete. I acknowledge and recognize that Paper Only and Unisource Canada, Inc. (together, "Seller") have a legitimate purpose for requiring the information contained in this credit application and that Seller will rely on the information to establish, extend or renew credit. I authorize Seller to collect, disclose, retain and use all relevant information and data, including personal information, furnished by me or any other person, including credit reporting agencies, relating to the present application or pertaining to my credit responsibility. I hereby expressly authorize such persons to release credit and other information and data to Seller or its agents and affiliates for this purpose. I authorize Seller to communicate this information to any person as may be required by Seller for this purpose. These authorizations apply equally to any amendment, extension or renewal of any undertaking or guarantee arising from the present application. I hereby agree and guarantee to pay all reasonable collection costs and legal fees incurred by Seller in enforcing this agreement and authorizations or in the event of non-payment. I acknowledge and understand, and agree to comply with, the terms and conditions of sale. I agree to the foregoing and certify that I have authority to bind the applicant.

Names of Officer/Principal/Owner (Please Print)	Title	Signature	Date
1.			
2.			

