

ACCOUNT APPLICATION

BC OFFICE USE ONLY					
Terms	Acct #				
Auth by	Rep	Date			

Fax back to: **604-522-6297 | 877-707-6297**

coquitlam.sales@enterprisepaper.com or Email:

Full Legal Co	ompany Name					
Legal Entity:	Corporation Sole Proprietorship F	Partnership Governi	ment Other:			
BILL TO:	Trade Name (dba)					
	Address			Phone		
	City / Province	Postal Code		Fax		
SHIP TO:	Name (if different than Trade Name)					
Address				Phone		
	City / Province	Postal Code		Fax		
Name & Addres	ss of Parent Company:			Business Established Since:		
Nature of Busir	ness:	PST# or Attach Cert. of Exemption		CURRENT Ownership Since:		
PREMISES:	Owned Rented Leased Other:	GST#		Estimated Credit Requested:		
WEBSITE:			Number of Employees:	PO# Required?:	Yes No	
Send INVOI	CES: with DELIVERY by MAIL by	EMAIL:				
Send STATE	EMENTS: not required by MAIL by	/ EMAIL:				
PRINCIPAL	s					
Full Name				Phone		
Address / C	ity / Province			Fax		
Full Name				Phone		
Address / C	ity / Province			Fax		
COMPANY	OFFICERS			<u> </u>		
President		Email		Phone	Extension	
Controller		Email		Phone	Extension	
Purchaser		Email		Phone	Extension	
A/P Contact	t			Phone	Extension	
	A/P Contact Email Address:			A/P Fax		
				•	BC20130605	



ACCOUNT APPLICATION

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BANK REFERENCE							
Name	Account#		Phone				
Address / City / Province	Contact	Contact					
TRADE REFERENCES			•				
Name	Address / City / Province	ss / City / Province Phone		Fax			
	_						
credit terms, we agree to abid extended, we understand that annum) may be applied to ove collection services and the cost I hereby authorize Enterpise F	plete and true to the best of my knowle e by their terms of net 30 days from the interest charges of 2% per month calcierdue balances. We agree that all relatest of hiring a lawyer. Paper Co. Ltd. to obtain such credit reports of a stablishment and maintenance of a stablishment.	e date of their invulated and comped charges will be orts or other infor	oices. In the even ounded monthly (a e our responsibility mation as may be	t that Credit is 26.82% per y including e deemed			
Reporting Act, RSBC 1996 c.8		a credit account.	Triis is given pars	diff to the Orean			
Authorized Signature:		Date:					
Title / Position:		Name:	(F)				
PERSONAL GUARANTEE			(Please print)				
	personally gu	uarantee to pay any	y amount owing to E	Enterprise			
Paper Co. Ltd. under the compa							
Signature:	Dated this	day of	, 20				
PRE-AUTHORIZED PAY	MENTS by Credit Card * (optional)	Date	:				
* Account must be pre	* Account must be pre-approved for payment by credit card. Charges to credit card are processed daily upon invoicing.						
I, the CARDHOLDER, authorizes Enterprise Paper Co. Ltd. to charge all future invoices sold to the customer account as specified on page one to the credit card number provided below:							
Visa# / Mastercard#		te (mm/yy)	Cardholder's Sig				
Cardholder's Contact Info Cell:	Phone:		Fax:				
· ·							
Pleas	se ensure the first section is completed	on page one. Tl	hank you!	BC20130605			
ENTERRISE PARER Locations				DC20130003			

ENTERPRISE PAPER Locations

• Coquitlam 95 Brigantine Drive BC V3K 6Y9 **T** 604-522-6295 | 888-522-6295 **F** 604-522-6297 | 877-707-6297

• Parksville 1255 Taylor Road BC V9P 2B9 **T** 250-248-3003 | 888-751-2210 **F** 250-248-3054

 Calgary 1727 - 120th Avenue NE AB T3K 0S5 **T** 403-207-6868 | 888-762-6868 **F** 403-207-6848 | 866-862-6848

• **Edmonton** 18719 - 111th Avenue NW AB T5S 2X4 **T** 780-488-0002 | 800-425-3830 **F** 780-481-4632