

ACCOUNT APPLICATION		
AB OFFICE USE ONLY		
Terms	Acct #	
Auth by	Rep	Date

Fax back to: **604-522-6297 | 877-707-6297**
 or Email: coquitlam.sales@enterprisepaper.com

Full Legal Company Name		
Legal Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> 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 & Address of Parent Company:		Business Established Since:
Nature of Business:	PO# Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	CURRENT Ownership Since:
PREMISES: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased <input type="checkbox"/> Other:	GST#	Estimated Credit Requested:
WEBSITE:		Number of Employees:

Send INVOICES: <input type="checkbox"/> with DELIVERY <input type="checkbox"/> by MAIL <input type="checkbox"/> by EMAIL:
Send STATEMENTS: <input type="checkbox"/> not required <input type="checkbox"/> by MAIL <input type="checkbox"/> by EMAIL:

PRINCIPALS

Full Name	Phone
Address / City / Province	Fax
Full Name	Phone
Address / City / Province	Fax

COMPANY OFFICERS

President	Email	Phone	Extension
Controller	Email	Phone	Extension
Purchaser	Email	Phone	Extension
A/P Contact		Phone	Extension
	A/P Contact Email Address:	A/P Fax	

AB20120504

Please SIGN NEXT PAGE >>>

BANK REFERENCE

Name	Account#	Phone
Address / City / Province	Contact	Fax

TRADE REFERENCES

Name	Address / City / Province	Phone	Fax

The above information is complete and true to the best of my knowledge. Should Enterprise Paper Co. Ltd. grant us credit terms, we agree to abide by their terms of net 30 days from the date of their invoices. In the event that Credit is extended, we understand that interest charges of 2% per month calculated and compounded monthly (26.82% per annum) may be applied to overdue balances. We agree that all related charges will be our responsibility including collection services and the cost of hiring a lawyer.

I hereby authorize Enterprise Paper Co. Ltd. to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account.

Authorized Signature: _____ **Date:** _____

Title / Position: _____ **Name:** _____
 (Please print)

PERSONAL GUARANTEE

I, _____ personally guarantee to pay any amount owing to Enterprise Paper Co. Ltd. under the company name: _____ within 30 days of purchase.
 (Your Company's Full Legal Name)

Signature: _____ Dated this _____ day of _____, 20____

PRE-AUTHORIZED PAYMENTS by Credit Card * (optional)

Date: _____

* 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#	Expiry Date (mm/yy)	Cardholder's Signature
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Cardholder's Contact Info Cell: _____ Phone: _____ Fax: _____

Please send my invoices: with DELIVERY by MAIL by EMAIL: _____

Please ensure the first section is completed on page one. Thank you!

ENTERPRISE PAPER Locations

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|------------------------------------------------------|--------------------------------------|--------------------------------------|
| • 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 |