

NEW CREDIT APPLICATIONS: To ensure prompt handling of your Credit Application, please reply to all questions. Your co-operation will assure our quick action in opening an account for you. We will require approximately 5 to 10 working days to process this application for credit, and until credit is granted, all transactions will be on a payment on delivery basis.

COMPANY NAME:		NAME OF PARENT COMPANY (IF A SUBSIDIARY):	
BILLING ADDRESS:		SHIPPING ADDRESS (IF APPLICABLE)	
CITY & PROVINCE:		POSTAL CODE:	TELEPHONE NO.:
NAME OF CONTACT REGARDING ACCOUNTS PAYABLE		TITLE:	FAX NO.:
ORGANIZATION: <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> INCORPORATED		TYPE OF BUSINESS:	
GOODS & SERVICES TAX REGISTRATION NO.:		PROVINCIAL SALES TAX LICENSE NO.:	
NUMBER OF YEARS BUSINESS HAS BEEN ESTABLISHED:		NUMBER OF YEARS AT PRESENT LOCATION:	

TERMS: **ACCOUNTS WITH INVOICES REMAINING UNPAID ON OR AFTER 75 DAYS FROM THE DATE OF INVOICE WILL BE REVERTED TO C.O.D.**

NET 30 DAYS

AMOUNT OF MONTHLY CREDIT REQUIRED:

PRINCIPALS:

NAME	RESIDENTIAL ADDRESS	CITY	POSTAL CODE	TITLE

BANK REFERENCES:

NAME OF BANK	BRANCH/ADDRESS	CITY	POSTAL CODE	TELEPHONE/CONTACT

TRADES REFERENCES (3 REQUIRED):

COMPANY	ADDRESS	CITY	POSTAL CODE	TELEPHONE

I / We hereby acknowledge the Terms of Payment hereon and agree to abide by them. In the event of non-payment of funds for transactions on this account, I / We hereby allow Multi Graphics Print & Litho to take whatever procedure it so desires to ensure payment.



DATE (VALID FOR CURRENT YEAR ONLY)	AUTHORIZED SIGNATURE	TITLE
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