



G.T.FRENCH PAPER

SINCE 1867 ***LIMITED***

Application for Credit

Dear Valued Customer:

Thank you for choosing G.T. French Paper Limited as your trusted supplier.

Attached please find the following forms to be completed:

1. Confidential Credit Application
2. Credit Card Authorization Form (optional)

In order to properly process your Application for Credit, please ensure these forms are completed in their entirety.

Our credit process normally takes 48-72 hours, and is dependent on the prompt receipt of information from the bank and credit references.

If you require any further information, please contact:

Lyn Young, Credit Supervisor, at 905-574-0275 or 1-800-263-2137 extension 1230.

Please fax, e-mail or mail your completed forms to:

Fax: 905-574-6183 Attn: Lyn Young

e-mail - lynny@gtfrenchpaper.com

mail: 90 Glover Road, Hamilton, On L8W 3T7

Thank You.

John W. Elms, CGA
Controller

HAMILTON
90 Glover Road, L8W 3T7
(905) 574-0275 Fax (905) 574-7388

NIAGARA FALLS
4460 Montrose Road, L2H 1K2
(905) 374-3434 Fax (905) 374-403

KITCHENER
844 Courtland Ave. East, N2C 1K3
(519) 741-8844 Fax (519) 741-8144

WOODBIDGE
910 Rowntree Dairy Rd, L4L 5W4
(905) 856-4877 Fax (905) 856-3627



CONFIDENTIAL CREDIT APPLICATION

REGISTERED COMPANY NAME _____
 OPERATING AS: _____
 ADDRESS: _____

PHONE #: _____ FAX #: _____
 OWNER(S)/PRINCIPAL(S): _____
 NATURE OF BUSINESS: _____
 LENGTH OF TIME IN BUSINESS: _____
(UNDER CURRENT OWNERSHIP)

Bank Account Information
 Name on Account: _____
 Financial Institution/Bank: _____
 Address of Branch: _____

 Account Number(s): _____ Transit # _____
 Account Manager: _____
 Telephone Number: _____ Fax #: _____

TRADE REFERENCES: (Please - Only Term Suppliers – No C.O.D. Suppliers)

	NAME	ADDRESS	PHONE	FAX#
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

TERMS REQUESTED: _____ CREDIT LINE - (\$): _____

Signature & Title of Authorized Person*: _____ **PLEASE SIGN AND PRINT NAME**

* The signature must be a signing officer of the company that is authorized to grant release of the above information. GT. French Paper Limited will use all person(s) and information given on this application, credit bureaus and other credit reporting facilities to determine creditworthiness, terms and restrictions of same. This application is not to be an assumption of terms until notified by this office. All orders are C.O.D. until such time.

Note: All information is gathered on our behalf via B2B Credit Chex and entered into our private portal. Information in this portal is neither shared nor sold to other parties by B2B.

Credit Dept. Direct Confidential Line - FAX: (905) 574 – 6183
 If you have any questions, please contact:
Lyn Young, Credit Supervisor
 Phone: 905-574-0275 or 1-800-263-2137 ext. 1230
 Email: lyny@gtfrenchpaper.com



Date: _____ GTF A/C # _____

Company Name: _____

PAYMENT BY VISA/MC/AMEX # _____

EXP.- ____/____

I, _____, (cardholder-please print) hereby authorize **G.T. French Paper Limited** to automatically debit my Visa/Master Card /Amex for invoices due on my account. I understand if this arrangement is to cease at any time, it is my responsibility to advise G.T. French Paper Limited in writing.

Signed: _____
(Cardholder Signature)

Special Instructions: Fax Receipt Email No Receipt

Attn: _____

Other: _____

Please sign and return the original to: **G.T. French Paper Limited,
90 Glover Road,
Hamilton, Ontario L8W 3T7
Attn: Lyn Young -Credit Supervisor**

Or

Fax to 905-574-6183 - Direct Confidential Line
Cover sheet not necessary