



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. Bank Account Release Form
3. Ontario Retail Sales Tax Exemption Form

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

Due to the federal Privacy Act, Canadian Banks now require that a Bank Account Release Form is completed and signed before they will release any information for the purpose of credit applications.

Our credit information is gathered confidentially on our behalf by Quality Credit Services Limited. If you wish further information, please visit their website or e-mail them at info@qcs.com

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

If you require any further information, please contact:
Lyn Young, Credit Supervisor at 1-800-263-2137 extension 1230.

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

Fax: 905-574-6183
e-mail - lyn.young@gtfrenchpaper.com
mail: 90 Glover Road, Hamilton, On L8W 3T7

Thank You.

John W. Elms C.G.A.
Controller

G.T.French Paper Limited
Version 7.05

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



G.T. FRENCH PAPER

SINCE 1867 LIMITED

CONFIDENTIAL CREDIT APPLICATION

REGISTERED NAME: _____
 OPERATING AS: _____
 ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

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

- PLEASE COMPLETE ATTACHED BANK ACCOUNT RELEASE FORM -

TRADE REFERENCES: (Only Suppliers You Presently Have Credit Terms With – No C.O.D. Suppliers)

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

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

SIGNATURE of AUTHORIZED PERSON*: _____
PLEASE SIGN AND PRINT YOUR NAME

*The above signature hereby grants authorization for G.T.French Paper Limited to 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. It is not to be an assumption of terms until notified by this office or your sales representative. All orders are C.O.D. until such time. We reserve the right to deny credit terms if any information gathered does not fall within the parameters of our credit policy.

Confidential Direct Line - Credit Department - **FAX: (905) 574 – 6183**

Questions? Please contact Lyn Young, Credit Supervisor @
 Phone: 905-574-0275 or 1-800-263-2137 ext. 1230
 email: lyn.young@gtfrenchpaper.com

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



G.T. FRENCH PAPER

SINCE 1867

LIMITED

Bank Account Release Form

Date: _____

Name on Account: _____ (the "subject/customer")

Financial Institution/Bank
Address of Branch
Account Number(s)
Transit No.
Account Manager
Telephone Number
Fax Number

You are hereby authorized and instructed to release and disclose to Quality Credit Services Limited all relevant financial information with respect to the subject/customer named above.

Yours truly,

Name of Subject/Customer

Signature

Name – Please print

**ONTARIO RETAIL SALES TAX
PURCHASE EXEMPTION CERTIFICATE**

Blanket

Date: _____

Business Name: _____

Name of Person Authorizing the Purchase: _____

Business Address: _____

Vendor Permit / IRP Cab Number (if applicable): _____

Reason for Claiming Exemption: _____

I am claiming the following exemption from Ontario retail sales tax under the provisions of the *Retail Sales Tax Act* on the purchase of taxable goods, taxable services, contracts of insurance or benefits plan:

- Taxable Goods or Taxable Services Purchased for Resale
- Machinery, Equipment, and/or Processing Material Purchased for Manufacturing
- Equipment, Tools, and/or Machinery used by a Person Engaged in Farming or Fishing
- Insurance/Benefit Plan
- Religious, Charitable and Benevolent Organization
- Hospital Equipment
- Identity Card Type and Number _____
- Other (Please state Exemption) _____

IMPORTANT

The person buying the taxable goods or taxable services, or entering into a contract of insurance or benefits plan for which an exemption is claimed must complete this certificate and give it to the supplier. The supplier is to keep this form as stated in the regulations.

Every person who makes a false statement on a Purchase Exemption Certificate or misuses the certificate is liable, if convicted, to a fine of not less than \$1000 and an amount of not more than double the amount of the tax that should have been paid, or that was evaded, or to imprisonment for a term of not more than two years, or both.