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Your Trusted Partner for ALL **Document Processing** MC Reproductions Inc.

CREDIT APPLICATION

Tel 905.624.5716 • Toll Free 800.361.1678 • Fax 905.624.9623

Contact Information							
Company Name:			Contact Name:				
Telephone #:		Fax #:		Email:			
Trade Name if different:							
Mailing Address:							
City: Province:				Postal Code:			
Shipping Address:			Same as above:				
ity: Province:			Postal Code:				
Ownership Type: Corporation Partnership Sole Proprietor							
Date of Incorporation:			Length of time in business:				
Name of person(s) authorized to purcha	se						
O	ur terms are:	Net 30 days from invoice date. Interes	st charged at 2%	6 per month from 31:	st day		
Bank Information							
Bank Name:			Account (s):				
Bank Contact:							
Telephone #:			Fax #:				
Business references (be sure to inclu	de referer	nce with telephone numbers)					
1. Contact Name:			Company N	ame:			
City:	Tele	ephone #:		Fax #:			
2. Contact Name:			Company N	ame:			
City:	Tele	ephone #:		Fax #:			
2 Contact Name			Company	ama:			
3. Contact Name:	Tol	onhone #	Company N				
City:	Tele	ephone #:		Fax #			
Credit is offered to the above stated company If MC Reproductions Inc. has not received pay company, then MC Reproductions Inc. will be a the invoice(s). I also state that I will keep MC R	ment within s allowed to de	90 days of the date of any invoice made bit said credit card belonging to this o	de out to the ab	ove owner(s) of this con	npany for the full an	mount plus interest owing o	7
Credit Card #:			Name on Ca	ard:			
Expiry Date:			CVV # (on b	eack of Card):			
Permission is hereby given by Signature	& print na	me					

Form maybe printed filled in and emailed to accounting@mcreproductions.com or faxed back to 905-624-9623. Please allow 14 business days for us to check credit reports, contact references and bank information. First order are cash / cheque / credit card terms prior to shipping NOTE: We cannot process your application unless ALL information requested above is supplied.