



CREDIT APPLICATION

MAJIC PAPER

PAPIER MAJIC

ALL STAR ENVELOPES



8241 Keele Street • Unit 14 • Concord, ON • L4K 1Z5 • Tel.: 905-856-1100 • Fax: 905-669-3965

**TO AVOID DELAYS IN THE OPENING OF YOUR ACCOUNT - PLEASE FAX TO 905-669-3965
ALL INFORMATION PROVIDED HERE WILL REMAIN CONFIDENTIAL.**

Business Name: _____ Tel.: _____

Address: _____ Fax: _____

City: _____ Email: _____

Prov.: _____ Postal Code: _____ Requested Credit Limit: _____

Full Legal Name: _____ In Business Since: _____

Division Of: _____ This Business Is A: Corporation Partnership
 Registered Company

Officers: _____

Accounts Payable Rep.: _____ Tel.: _____ Ext. _____

Email Address: _____

BANKING REFERENCE

Bank: _____ Account No: _____ Contact: _____

Address: _____

Tel.: _____ Fax: _____ Email: _____

TRADE REFERENCE

1. Reference: _____ Contact: _____

Address: _____

Tel.: _____ Fax: _____ Email: _____

2. Reference: _____ Contact: _____

Address: _____

Tel.: _____ Fax: _____ Email: _____

3. Reference: _____ Contact: _____

Address: _____

Tel.: _____ Fax: _____ Email: _____

TERMS

1. I, the undersigned, attest that all the information provided above is true to the best of my knowledge.
2. All late payments (over net 30 days) will be subject to a 2% Per Month Administration charge (24% Per annum)
3. It is understood that our company and credit history profile will be taken and I agree to this.
4. I, the undersigned, am an authorized person within this organization to request for credit and request to do business with Azna Holdings Inc. and its subsidiaries namely, 6552471 Canada o/a Majic Paper 2213771 Ontario Inc., o/a All Star Envelopes and 1241782 Ontario Ltd., o/a The Paper Outlet.
5. I understand and accept the terms and conditions mentioned above.

Date: _____ Name : _____ Signature: _____

(Please Print Clearly)