

CREDIT APPLICATION

Legal Name:		
Trade Name:		
Individual Partnership Incorporated		
Phone:Fax:	Cell:	
Business Location:	City:	Postal Code:
Mailing Address:	City:	_ Postal Code:
Owner's Name:	Phone:	
Estimated Monthly Purchases:		
Payment Method: Cheque Visa Mas	terCard	
Accounts Payable Contact:	_ Phone:	
E-Mail	_	
Bank:	Phone:	
Trade References:		
Name:	Phone:	
Address:	_ Fax:	
Name :	Phone:	
Address:	Fax:	
Groupex Member:	FOR OFFICE USE ONLY	′ :
Yes / NoGroupex #	Customer #	
*I/We, The Undersigned, certify that the above information is correct. I/We agree that the usual credit inquiries may be made at any time, regarding the credit hereby applied for, and consent to the disclosure of any information concerning the Undersigned to any credit reporting agency, person, or firm with whom the Undersigned, has or may have financial relations. In consideration of Pegasus Paper Ltd. supplying goods to us, I/We agree that should at any time, my/our account become overdue. I/We will pay interest at the rate of twenty-four percent, (24%) per annum I/We will pay interest at the rate of twenty-four percent, (24%) per annum, calculated and compounded monthly on any unpaid balance with respect to the account, which is outstanding for a period of more than thirty (30) days from the date of the invoice. An interest rate of 24% per annum calculated and compounded monthly is equivalent to an effective annual rate of 26.8% per annum. I/We agree to the collection of this account. Interest at the aforesaid rate is payable for all such costs and expenses if they are not paid forthwith when due. All litigation within the Alberta Provincial Courts will, at Pegasus Paper Ltd.' option be handled in the Provincial courts, in Edmonton, regardless where the debt occurred, where I/We reside or carry on business, and we consent to the choice of Edmonton. Name (Please Print):		
Title:	-	

Please remit to:

Pegasus Paper 2004 80 Ave. Edmonton, AB T6P 1N2 Ph: (780)462-4430 Fax: (780)462-4876

Email: info@pegasuspaper.ca