





ACCOUNT FORM

☐ New Account

OFFICE SOLUTIONS				Update Existing Account Customer #:
Legal Business Name:				
Billing Name:				
Billing Address:		Cit	y:	Prov.:
Postal Code:	Phone:	Acc	ounting Fax #	#:
Shipping Address:				
Do you have other bran	ches in:	Calgary Edmonton	n Toronto	☐ Ottawa ☐ Montreal
Purchasing Agent:	Phone	#:ext:_	e-mail:	
Accounting Contact:	Phone	#:ext:_	e-mail:_	
How would you like to	receive invoices? — e-ma	ilYears	s In Business:	PO required:
	risa or MasterCard - Custom risa or MasterCard - Process ut us? ☐ 1) Google. Linked ☐ 2) Sales Represent ☐ 3) Know from prev	payments automaticall in ative	y (see Credit 4) Current C	Card Authorization Form) ustomer Referral by who (name & company)
conditions stated in our Sales		whitepaper.com). The appli	icant hereby auth	oplicant are subject to the terms and norizes White Paper to obtain such maintenance of a credit account.
Dated the	Day of	, 20 in the I	Province of	
	npleted form to your t csr@whitepaper.com	Applicant's Name Applicant's Title		
Office Use Only: Cust. #	Salesperson: 144	Credit Limit:		Date:







CREDIT CARD AUTHORIZATION FORM

Billing Name:					
☐ Keep credit card on file and process payment for all invoices.	ces				
☐ Visa ☐ MasterCard					
Credit Card Number:					
Name on Credit Card:					
Expiration Date:/ CVV Code:					
☐ Credit card address same as billing address					
Credit card address if different than billing address:					
different than billing address: City:	Prov.:	Postal Code:			
	Date	://			
Cardholder's Signature		· / /			
This authorization helps us to protect you, our valued customer keep all information entered on this form strictly confidential.					
Please e-mail completed form to your Customer Service at csr@whitepaper.com					
Office Use Only: Customer Number: Sales	sperson: 144				



Free Delivery

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