



Credit Application MSU Mississauga Ltd

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Mississauga, Ontario, L5J 2M4

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Email: sales@msumississauga.com Website: www.msumississauga.com

MSU Mississauga Payment Terms:

Net 30 days regardless of when your company receives payment from your client.
Any outstanding amount over 60 days from invoice date will be turned over to Credit Risk Management for collection. Completion of this application confirms your agreement with these terms.

Credit Investigation:

MSU Mississauga Ltd. Is a member of Equifax Canada and reports to Equifax on a monthly basis. Equifax credit score and payment index for your company is taken into consideration when evaluating credit worthiness. Companies with Credit Scores and Payment Indexes outside of our criteria will be required to pay by Money Order, Certified Cheque, Visa or Mastercard prior to shipment.

*** = REQUIRED FIELDS - PLEASE COMPLETE.**

Incorporated Business Name:

Operating As (if different):

Physical
Address:

Mailing
Address:

Phone #:

General Email:

Website:

Type of Business:

Monthly Credit Required:

Date Company Commenced:

Owner / President:

Email:

Controller:

* Accounts Payable Contact:

Controller Phone #:

A/P Contact Phone #:

Controller Email:

A/P Contact Email:

Corporation:

Limited Partnership:

Subsidiary of:

Sole Ownership:

General Partnership:

Division of:

Parent Company:

Address:

MSU sends invoices via fax and email. Pls specify your preference, number/address

Fax

Email

Mail

Bank Information

Bank: Account Number(s):
Address: Loan Number(s):
Phone #:
Account Officer: Email:

Please provide the following information:

- Four Suppliers
- Email addresses and Fax numbers for all suppliers
- Contact name of credit manager or sales person

IF YOU ARE A CONTRACTOR:

At least one supplier must be cement, precast, steel or equipment rental/leasing company.
Please complete this table in full.

Company Name:	Phone Number:
Contact Name:	Fax Number:
Email:	
Company Name:	Phone Number:
Contact Name:	Fax Number:
Email:	
Company Name:	Phone Number:
Contact Name:	Fax Number:
Email:	
Company Name:	Phone Number:
Contact Name:	Fax Number:
Email:	

Permission is herewith granted to obtain credit information from all listed references including the aforementioned companies and bank. All information submitted in support of this credit application is true and complete in all respects. I make this application on behalf of the aforementioned company.

I agree to MSU Mississauga Ltd's payment terms. (Required)

The information contained within is for the explicit use of MSU Mississauga Ltd. MSU Mississauga Ltd. guarantees that your information will be held in the strictest confidence and that your information will not be sold or given to any other entity or organization.

The signature below authorizes the aforementioned company's bank to release credit and chequing account information to MSU Mississauga Ltd.

[Signature _____

[Title _____

[Name _____

[Date _____