

# Credit Application

2 pages

## MSU Mississauga Ltd

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Email: [sales@msumississauga.com](mailto:sales@msumississauga.com), Website: [www.msumississauga.com](http://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 indicates your agreement with these terms.

Incorporated Business Name	Operating As (If Different)	
Physical Address	Phone Number	
	Fax Number	
Mailing Address if different from above		
Website:	General Email:	
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:	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Subsidiary of
<input type="checkbox"/> Sole Ownership	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Division of
Parent Company	<b>MSU sends invoices via fax and email</b> <b>Pls specify your preference,</b> <b>number/address</b> <input type="checkbox"/> fax <input type="checkbox"/> email Fax Number: Email Address: Or Mail <input type="checkbox"/>	
Address		

### Bank Information

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

Please provide information as follows:

**Four Suppliers**

**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.**

Company Name	Phone Number: <b>Fax Number:</b>
	Contact
Company Name	Phone Number: <b>Fax Number:</b>
	Contact
Company Name	Phone Number: <b>Fax Number:</b>
	Contact
Company Name	Phone Number: <b>Fax Number:</b>
	Contact

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.

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 \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_