



# APPLICATION FOR CREDIT

2550 Goldenridge Road #12 - 14  
 Mississauga, Ontario L4X 2S3  
 905-896-4500 Fax 905-896-4570

www.misselec.com

sales@misselec.com

Date: \_\_\_\_\_

Year: \_\_\_\_\_

Requested By: \_\_\_\_\_

(Mississauga Electrical Representative)

Account # \_\_\_\_\_

(Office Use Only)

Company / Individual Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date Business Commenced: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Entity: Corporation  Partnership  Proprietorship

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Principals/Shareholders:

1 _____	% Interest _____
2 _____	% Interest _____
3 _____	% Interest _____

Bank: \_\_\_\_\_ Branch \_\_\_\_\_

Credit References

Name	Address	Phone Number	Fax Number
_____	_____	( ) _____	( ) _____
_____	_____	( ) _____	( ) _____
_____	_____	( ) _____	( ) _____

Monthly Purchase Requirements (Approx) \$ \_\_\_\_\_

Any Involvement in Bankruptcies or Dissolutions Yes  No

GST# \_\_\_\_\_ PST# \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ e-mail \_\_\_\_\_

Purchase Order Numbers Required? Yes  No

(Please See Over For Details)

The customer understands that the terms on which the company grants credit are:

- 1). Accounts are due and payable according to the terms indicated on the invoices and statements.
- 2). Concerning my or our application for the credit. I/We consent that you conduct a credit investigation.
- 3). In consideration of you agreeing to sell merchandise and/or extend credit to me/us, I/we agree to pay service charges of two percent (2%) per month or (26.82%) per year , on the outstanding overdue balance of my/our account.
- 4). All claims must be made within two (2) days of receipt of goods. No goods may be returned without our approval. A handling charge will be made on all goods returned when supplied as ordered.
- 5). Mississauga Electrical Supply Company retains the right of ownership of all material until fully paid for by purchaser.

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

For Use Of The Credit Department Only

Salesman Assigned: \_\_\_\_\_

Account # \_\_\_\_\_

Discount Shedule: \_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Terms: \_\_\_\_\_ Credit Amount: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_