

MSM TRANSPORTATION GROUP OF COMPANIES

CONFIDENTIAL CREDIT APPLICATION & AGREEMENT

Date : _____ Sales Rep : _____ Desired Credit Limit \$ _____

Legal Name : _____	Phone # : (_____) _____		
Trade Name : _____	Fax # : (_____) _____		
Business Address : _____			
City : _____	Province / State : _____	Postal / Zip Code : _____	
Mailing Address : _____			
City : _____	Province / State : _____	Postal / Zip Code : _____	
Type of Business :	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
IF APPLICANT IS A SUBSIDIARY COMPANY, THE PARENT COMPANY IS:			
Legal Name: _____	Phone # : (_____) _____		

OFFICERS:			
President Name : _____	Ph/Ext. # : (_____) _____		
Controller Name : _____	Ph/Ext. # : (_____) _____		
A/P Manager Name : _____	Ph/Ext. # : (_____) _____		
Name of Person Responsible for Payment of our Account : _____			
Line of Business : _____	Yrs in business : _____		
Number of Employees : _____	Sales Volume / Yr. : _____		
Estimated Net Worth : \$ _____	Yrs. At Present Address : _____	<input type="checkbox"/> Rent	<input type="checkbox"/> Own
ARE YOU WILLING TO PROVIDE A CURRENT FINANCIAL STATEMENT ?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

BANK INFORMATION :		
Bank : _____	Address or Branch : _____	
Bank Ph # : (_____) _____	Account Manager : _____	
Account Number : _____	Line of Credit : _____	% Utilized : _____
ARE ASSETS PLEDGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

DO YOU HAVE ANY SPECIAL BILLING INSTRUCTIONS ? (example : P.O.#; B/L #; etc.) PLEASE NOTE BELOW:

PLEASE LIST "SERVICE INDUSTRY" RELATED TRADE REFERENCES ONLY:

Name : _____ Ph # : () _____ Contact : _____

Name : _____ Ph # : () _____ Contact : _____

Name : _____ Ph # : () _____ Contact : _____

TERMS & CONDITIONS OF CREDIT

This is an Application and Agreement for Credit and shall apply to any and all Credit extended by MSM.
The Credit Applicant understands and agrees to the following terms and conditions of Sale:

1. Terms of sale are "NET 15 DAYS" from the invoice date (or date of pick up). Agents or representatives of MSM are not authorized to change or adjust credit terms without written authorization of the Credit Manager.
2. All claims against invoices must be made within 10 days from receipt of goods.
3. Accounts not paid by due date are subject to an interest charge from date of maturity at the rate of 2% per month (2.4% per annum).
4. Further shipments may be withheld on overdue balances.
5. NSF cheques will be subject to a \$25.00 administration charge.
6. Failure to comply with these Terms & Conditions may result in cancellation of credit privileges without notice.
7. The applicant agrees to promptly notify MSM of any changes in the applicant's business name, address or chief place of business.
8. The information given in this Application & Agreement is warranted to be true and correct and is given for the purpose of obtaining credit.
9. The applicant consents to the obtaining of credit and/or personal information as may be required in connection with the credit line hereby applied for any renewal or extension thereof and to the disclosure of any trade information concerning the applicant to any credit reporting agency or to any person with whom the applicant has or proposes to have financial relations.

AUTHORIZED OFFICER/OWNER : _____

CO-APPLICANT : _____

DATE : _____

For Credit Dept. Use Only : Account Approved By : _____

Credit Limit : \$ _____ Date : _____

Please fax completed Credit Application to:



ATTENTION: CREDIT DEPARTMENT
FAX NO: 1-800-268-0405