

Commercial Credit Application

* This application must be completed in it's entirety in order to be processed.

Legal Name: _____ Date Business Commenced: _____

Trade Name: _____ Contact Name: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone No. _____ Facsimile No. _____

Type of Business: _____

Officers

A.)
Name: _____ Title: _____

Personal Residence Address: _____

B.)
Name: _____ Title: _____

Personal Residence Address: _____

Have any of these officers now or in the past been in bankruptcy? If yes, provide details.

Name of Financial Institution: _____ Location: _____

Bank Account No. _____ Telephone No. _____

Credit Card Information: _____ Expiry: _____

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Delivery Location Information:

Address: _____ City: _____

*** Nearest Cross Road: _____

Special Instructions: _____

Contact: _____ Telephone No. _____

Product(s) Required: _____ Tank Size _____

Supplier References: (Please provide 3 suppliers which give you terms for payment)

Supplier Name: _____ **Contact:** _____

Address: _____ **City:** _____

Telephone No. _____ **Facsimile No.** _____

Supplier Name: _____ **Contact:** _____

Address: _____ **City:** _____

Telephone No. _____ **Facsimile No.** _____

Supplier Name: _____ **Contact:** _____

Address: _____ **City:** _____

Telephone No. _____ **Facsimile No.** _____

I understand a credit investigation may be conducted in reference to this transaction, including obtaining and exchanging credit information and personal information for the purpose of verifying the financial standing of the company I hereby represent.

Signature: _____ **Date:** _____

Please mail or fax this completed credit application back as soon as possible.

* **Note new fax number 905-667-0210**