

 $We \ are \ an \ independently \ owned \ and \ operated \ business \ servicing \ the \ Golden \ Horseshoe \ and \ surrounding \ areas.$ 

136 Cannon Street West Hamilton, ON L8R 2B9 905-528-0241, 1-888-528-0241 Fax - 905-667-0210

fuels@cogeco.net

## **Commercial Credit Application**

\*This application must be completed in its *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:				
If a Farm Please include PST #	; A PST exempt form will be sent t	o you.		
	<u>Officers</u>			
A.) Name:	Title:			
Personal Residence Address:				
B.) Name:	Title:			
Personal Residence Address:				
Accounts Payable Contact:	Phone:			
Email:				
	in the past been in bankruptcy? If yes. Provide details.			
	Bank Reference			
Name of Financial Institution:	Location:			
Bank Account No.	Telephone No	Telephone No		
Credit Card Information:	Expiry:			

## **Delivery Location information**

Address:		City:
*** Nearest Cross Road:		
_		
Special Instructions:		
Contact:	Telephone No	
Product(s) Required:	Tank Size:	
References: (Please provide 3 supp	oliers which give you terms for p	ayment)
Name:	Contact:	
Address:		City:
Telephone No	Facsimile No	
Name:	Contact:	
Address:		City:
Telephone No	Facsimile No	
Name:	Contact:	
Address:		City:
Telephone No	Facsimile No	
I understand a credit investigation robtaining and exchanging credit informancial standing of the company.	ormation and personal informat	
Authorized Signature:		/
Print Name:	Title:	

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