

Federated Co-operatives Limited

Gas Bar #: _____

Please Fax to (403) 531-2275 Attn: Brian Marconi

IDENTIFICATION **COMMERCIAL PETROLEUM ACCOUNT APPLICATION**

| | |
|---|-----------------------|
| NAME OF APPLICANT (As it is to appear on the card) | Telephone () |
| TRADE NAME/BUSINESS NAME (If different from above) | Fax. No. () |
| E-Mail Address: _____ | |
| Address | City, town or Village |
| Province Postal Code | |

2. COMPANY INFORMATION

| | |
|---|---|
| NATURE OF BUSINESS | ANNUAL SALES \$ |
| CHECK ONE BOX <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP | GST REGISTRATION NUMBER |
| LENGTH OF TIME IN BUSINESS _____ YEARS | INCORPORATION DATE |
| PROVINCE OF REGISTRATION | |
| IF A SUBSIDIARY, BRANCH OR DIVISION, PLEASE STATE PARENT CORPORATION Name | Telephone () |
| Address | Fax. No. () |
| City, town or Village Province Postal Code | |
| FINANCIAL STATEMENTS FOR THE YEAR OF _____ PREPARED. WILL PROVIDE COPY <input type="checkbox"/> YES <input type="checkbox"/> NO | ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| FINANCIAL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE | |
| COMPANY OFFICERS, PARTNERS OR PROPRIETORS NAME | TITLE |
| HOME ADDRESS (PARTNERS OR PROPRIETORS) | |
| BIRTH DATE | |

3. REFERENCES

| | | | | | |
|--|--|--|--|-----------|-----------|
| FINANCIAL INSTITUTION | CITY | PROVINCE | FAX #S | ACCOUNT # | TRANSIT # |
| NAME | () | | () | # | ----- |
| Previous Name and Address (if Less Than 1 Year) | | | | | |
| TRADE SUPPLIER NAME | () | | () | # | |
| TRADE SUPPLIER NAME | () | | () | # | |
| PRESENT FUEL SUPPLIER | () | | () | # | |
| ARE THERE ANY LEGAL ACTIONS PENDING AGAINST YOU? | <input type="checkbox"/> YES <input type="checkbox"/> NO | HAVE YOU EVER GONE THROUGH BANKRUPTCY? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

Do you currently have or have you previously had an account with Federated Co-operatives Limited? YES NO If Yes please indicate account number :

| | | | |
|---|-----------|-----------|---------------|
| MONTHLY FUEL PURCHASES OF ALL ACCOUNT TYPES: | \$ | OR | LITRES |
|---|-----------|-----------|---------------|

4. PLEASE READ AND SIGN BELOW

I/We the undersigned: (A) certify all the above information and any further information provided to FEDERATED CO-OPERATIVES LIMITED (FCL) to be true, completed and correct (B) request FCL issue card(s) to me/us as indicated above, and renewals or replacements thereof from time to time at your discretion (C) agree to read and be bound by the terms and conditions of the agreement which will accompany notification of the account when approved and that use of such card(s) shall evidence receipt of such agreement (D) understand that I/we will be required to pay our account balance in full each month (E) acknowledge that FCL reserves the right to cancel the account herein if my/our purchases do not meet minimum program requirements; and (F) authorize and consent to the receipt and exchange of credit information with any credit reporting agency, credit bureau or any person or corporation with whom I/we have or propose to have financial relations.

NAME OF APPLICANT _____
Signed Jointly & Severally (Partners or Proprietors)

Date _____ Authorized Signature _____ Please print name here _____ Title _____

Date _____ Authorized Signature _____ Please print name here _____ Title _____

5. ACCOUNT TYPES

| | | | | | |
|-----------------------|-----------------------------------|---|--|--------------------------------------|---|
| a) BULK FUEL | <input type="checkbox"/> | | | | |
| AND/OR | <input type="checkbox"/> | | | | |
| b) CREDIT CARD | | AND/OR | | | |
| NO. OF CARDS | UNIT NO. | INVOICE OPTIONS | | | |
| | | FREQUENCY | INVOICE FOR EACH | SUB TOTAL | |
| | <input type="checkbox"/> YES | <input type="checkbox"/> MID MONTH | <input type="checkbox"/> UNIT NUMBER | <input type="checkbox"/> CARD/UNIT | |
| | <input type="checkbox"/> NO | <input type="checkbox"/> MONTH END | <input type="checkbox"/> CUSTOMER | <input type="checkbox"/> CARD NUMBER | |
| | | <input type="checkbox"/> MID. MON & MON END | <input type="checkbox"/> CARD NO./UNIT NO. | <input type="checkbox"/> NONE. | |
| | | <input type="checkbox"/> WKLY.(FRI) & MON.END | <input type="checkbox"/> CARD NUMBER | <input type="checkbox"/> UNIT NO. | |
| | | c) CARDLOCK | | | |
| NO. OF CARDS | PRODUCTS | ODOMETER | UNIT NO. | TYPE OF CARD | INVOICE OPTIONS |
| | <input type="checkbox"/> GASOLINE | <input type="checkbox"/> YES - 0 | <input type="checkbox"/> YES - 0 | <input type="checkbox"/> LOCAL | FREQUENCY |
| | <input type="checkbox"/> DIESEL | <input type="checkbox"/> NO - 1 | <input type="checkbox"/> NO - 1 | <input type="checkbox"/> PROV. | INVOICE FOR EACH |
| | <input type="checkbox"/> PROPANE | | | <input type="checkbox"/> NATIONAL | <input type="checkbox"/> MONTH END |
| | | | | | <input type="checkbox"/> MID. MON & MON END |
| | | | | | <input type="checkbox"/> WKLY.(FRI) & MON.END |
| | | | | | <input type="checkbox"/> CUSTOMER-BY CARD NO. |
| | | | | | <input type="checkbox"/> CARD NO. |
| | | | | | <input type="checkbox"/> CUSTOMER-BY UNIT NO |
| | | | | | <input type="checkbox"/> UNIT NO. |

For Office Use Only: Territory: Acct. Rep: