

CO-OP® Cardlock Cardholder Application

Name of Applicant _____
 Address of Applicant _____

 Applicant's Phone No: _____
 Dyed Fuel Permit(s) # _____ Prov. _____
 # _____ Prov. _____
 E- mail Address _____ Fax# _____

For Office Use Only	
Date	_____
Name of Co-op	_____
Address of Co-op	_____
Acct. No.	_____ Loc. _____ Dept. _____
Co-op Member No.	_____
Co-op Cardlock No.	_____

CARD SPECIFICATIONS REQUESTED:	Clear	Dyed
TYPE OF CARD <input type="checkbox"/> LOCAL <input type="checkbox"/> SYSTEM WIDE	PRODUCTS:	
NO. OF CARDS _____	<input type="checkbox"/>	<input type="checkbox"/> REGULAR
MAX. LITRE FILL TO CONFIRM _____	<input type="checkbox"/>	<input type="checkbox"/> MIDGRADE
UNIT NUMBERS REQUESTED _____ YES _____ NO	<input type="checkbox"/>	<input type="checkbox"/> PREMIUM
ODOMETER READING REQUESTED _____ YES _____ NO	<input type="checkbox"/>	<input type="checkbox"/> DIESEL
	<input type="checkbox"/>	<input type="checkbox"/> _____

Please read the following and sign.

- I apply for a cardlock card(s) (the "Card") of the local or system-wide type, as indicated above, for the purchase of petroleum fuel in the CO-OP Cardlock System.
- I agree to complete and sign the necessary account application form.
- I hereby confirm that I have been provided a copy of the Cardlock User Agreement (Form 910) and, if my application herein is accepted, I unequivocally confirm that I accept all terms and conditions contained therein. In particular, I acknowledge that I have carefully read and reviewed paragraph 6 of the cardlock user agreement and fully and unequivocally confirm that I shall be fully responsible for all charges incurred as against my cardlock card regardless of whether the charges were incurred without my consent or knowledge. _____ Signed.
- I will not purchase marked fuel in a province where I do not have a marked fuel purchasing permit. If such a purchase is made, I understand that I will be charged the clear fuel price (inclusive of all taxes). I also understand that this may result in prosecution under the applicable provincial fuel tax act(s).
- For Manitoba users of marked fuel:** As the purchaser of marked fuel in the Province of Manitoba, I fully understand and agree that marked fuel must be purchased solely for the purposes authorized under *The Fuel Tax Act* and that any unauthorized use may result in prosecution.

SIGNING BY CORPORATE APPLICANT	
Full Corporate Name _____	
By: _____ Authorized Signature	By: _____ Authorized Signature
Title: _____	Title: _____
Date: _____	Date: _____

SIGNING BY APPLICANT WHO IS AN INDIVIDUAL OR PARTNERSHIP	
SIGNED AND DELIVERED in the presence of:	
Signature of Sole Proprietor or Partner _____	Signature of Witness _____
Signature of Partner _____	Print Name of Witness _____
Signature of Partner _____	Date: _____
Date: _____	Date: _____