

COMMERCIAL PETROLEUM ACCOUNT APPLICATION

Form 900 (Rev. 2011) | Item #447326

1. Identification

Name of Applicant (as it is to appear on the card) _____ Telephone () _____

Trade Name/Business Name (if different from above) _____ Fax () _____

Address _____ City, Town or Village _____ Province _____ Postal Code _____

E-Mail Address _____

2. Company Information

Nature of Business _____ Annual Sales \$ _____

Check one box Corporation Partnership 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 _____

Address _____ City, Town or Village _____ Province _____ Postal Code _____

For credit limits of \$25,000 or greater, please submit financial statements with this application. Financial information provided will be held in strict confidence. If information provided is not sufficient to approve this application, will an officer of this company provide a letter of credit or personal guarantee? Yes No

Company Officers, Partners or Proprietors

Partner or Proprietor only

Name	Title	Home Address	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____

3. References

Financial Institution	City	Province	Fax	Transit#	Account#
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Name _____ () _____ # _____

Trade Supplier Name _____ Fax () _____ Have you ever gone through bankruptcy? Yes No

Trade Supplier Name _____ Fax () _____ Do you currently have or have you previously had an account with Federated Co-operatives Limited? Yes No

Present Fuel Supplier _____ Fax () _____ Yes No

Average Monthly Fuel Purchases \$ _____ If yes please indicate account number _____

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, complete 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 cards and 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 _____ Title _____

Date _____ Authorized Signature _____ Please print name _____ Title _____

5. Account Types

Please choose the account types required

Bulk Delivery Cardlock (# of cards _____) Credit Card (# of cards _____)

NOTE: Upon approval of your application, your account rep. will contact you to complete the details of your requirements.

Please complete all requested information, including fax numbers | Please print neatly | Incomplete or unqualified applications will not receive a response

To Mail Application:

CREDIT DEPARTMENT
FEDERATED CO-OPERATIVES LTD
PO BOX 1050 STN MAIN
SASKATOON SK S7K 9Z9

To Fax Application:

306-244-3403

To Apply On-line:

Go to www.coopconnection.ca
for more information.

