



# APPLICATION FOR CREDIT

Phone: 519-682-0111 Fax: 519-682-2453

MAILING ADDRESS

PLEASE TYPE OR PRINT CLEARLY

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov.: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Officers of Company: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Years in Business: \_\_\_\_\_ HST#: \_\_\_\_\_

Purchasing Officer: \_\_\_\_\_ Phone & Ext: \_\_\_\_\_

Accounts Payable Officer: \_\_\_\_\_ Phone & Ext: \_\_\_\_\_

DELIVERY ADDRESS IF DIFFERENT FROM ABOVE

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

CREDIT REFERENCES

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

BANK	OFFICER	PHONE

The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all bills upon receipt of statement and to abide by the terms and conditions in effect at the time of purchase. Outstanding invoices must be paid within 30 days or interest at a rate of 2% per month, 24% per annum compounded monthly until paid will be applied (\_\_\_\_\_).

Initial Here

I hereby authorize Jack Smith Fuels Ltd. to whom this application is submitted, to obtain such credit reports as may be deemed necessary to properly consider this application for credit.

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please Print

I have authority to bind the corporation/partnership/sole proprietorship

Original Credit Application must be completed and returned no later than 10 days after opening an account by fax.

The Federal Government has passed privacy laws which now impose upon us, and all other businesses operating in Canada, more demanding requirements to protect APERSONAL INFORMATION@. The federal legislation is so broad in scope that it directly affects normal everyday business practice between companies.

As a direct consequence of this legislation, we require a AConsent Information@ form, which allows us to obtain, update, retain and use information relevant for your dealings with us and in compliance with regulations set forth in the Personal Information Protection and Electronic Documents Act (PIPEDA).

### CONSENT INFORMATION FORM

I, \_\_\_\_\_  
Print Person=s Full Legal Name and Title

Of \_\_\_\_\_ (the customer)  
Print Company=s Full Legal Name

Hereby Agree and confirm that the Customer:

1. Consents to the collection, updating, (from any third party), retention and use of personal information for the purpose of investigation of credit worthiness and the ability to meet financial obligations (ACredit Information@) as provided in this consent.
2. Consents to the disclosure of Credit Information to credit reporting agencies and other legitimate interested parties.
3. Authorizes any party to provide Jack Smith Fuels Ltd. with Credit Information.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Customers=s Full Legal Name

\_\_\_\_\_  
Customer=s Authorized Signature

NB: Customers Authorized Signature must be that of Owner/Principal, Legal Guardian or that of one having Power of Attorney.