

CREDIT APPLICATION AGREEMENT

- > ALL ACCOUNTS RENDERED BY POWER FUELZ ARE TO BE PAID WITHIN 30 DAYS FROM STATEMENT DATE UNLESS OTHERWISE CONTRACTED.
- > FAILURE TO SETTLE ACCOUNTS AS REQUIRED WILL BE SUFFICIENT CAUSE FOR IMMEDIATE CANCELLATION OF CREDIT.

NAME: REGISTERED COMPANY NAME OR PERSONAL	BUSINESS NUMBER: CELLULAR NUMBER:	
NAME: OWNER OF COMPANY	HOME NUMBER: FAX NUMBER:	
MAILING ADDRESS	TYPE OF FUEL CLEAR GAS MARKED GAS	CLEAR DIESEL MARKED DIESEL
TOWN & PROVINCE	1	OFF ROAD FUEL EXEMPT #
POSTAL CODE	E-MAIL ADDRESS	
	CREDIT LIMIT REQUESTED	
ORM OF BUSINESS (CHECK APPORPRIATE CATEGORY)	CORPPROPRIETORSHIP _	PARTNEROTHER
L NAME & ADDRESS OF OWNER & PARTNERS NAME:	ADDRESS:	
1 77 11 15000		
NAME:	ADDRESS:	
NK AND CREDIT REFERENCES BANK NAME, ADDRESS & PHONE NUMBER	BANKING ACCOUNT NUMBER	
BANK CONTACT NAME & POSITION		
NAME ON CREDIT CARD	CREDIT CARD NUMBER & EXPIRY DATE	
TRADE REFERENCE AND ADDRESS	ACCOUNT NUMBER	
e hereby represent that I/We are authorized to submit the vided for the purpose of obtaining credit warranted to be troour credit and financial responsibility. It is agreed and undefinum) may be charged to my company in the event of defined applying for the credit has the financial ability and wite, the undersigned, authorized POWER FUELZ to obtain and till Reporting Agencies for the purpose of establishing or ve	rue. I/We authorize POWER FUELZ to investigate erstood that all necessary collection and legal and fault or failure to pay for services rendered. I/We illingness to pay for all invoice(s) within a 30 day d/or exchange business and/or personal informat	the references listed pertaining dinterest (at 18%) per annung further represent that the reterm or otherwise contracted tion with the Credit Grantors at
SIGNATURE OF AUTHORIZED PERSON(S)	TITLE	DATE
hereby authorize POWER FUELZ to debit my credit ca		