



Application for Commercial Credit

Station most frequently visited will be: _____

** PLEASE PRINT CLEARLY ALL FIELD MUST BE FILLED ** updated November 24, 2014

Complete Corporate Name: _____

Address of Company: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____ Fax #: _____ E-Mail: _____

Owned or Leased: _____ Landlord's Name: _____ Phone #: _____

Type of Business (Inc/Partnership/Farm): _____

AFFDA or TEFU #: _____

Number of Years in Business: _____ Months: _____ Driver's Licence #: _____

We require you to provide Centex Petroleum with a valid credit card number and a signed Authorization letter, signed by an authorized signing officer that would allow Centex Petroleum to process your account payment on a monthly basis. We also require a copy of all principals and/or partners valid photo ID. (INITIALS) (AB ID # and/or Driver's Licence)

Principal(s) or Partner(s):

Name: _____ Address: _____ Date of Birth: _____ ID #: _____

Name: _____ Address: _____ Date of Birth: _____ ID #: _____

Name: _____ Address: _____ Date of Birth: _____ ID #: _____

Principle Bank and Branch: _____

Major Suppliers/Credit References (ALL FIELDS MUST BE FILLED):

	Name	Address	Fax # (must provide)	Phone #
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

INITIALS

Payment terms are 10 days after statement date. _____ A service charge of 2% (subject to change without notification) will be assessed on overdue balances. By signing the application you are acknowledging this fact and agree to be bound by these terms. Failure to comply with these terms may result in cancellation of credit privileges without notice.

The information provided on this application is for the purposes of obtaining credit. I/We authorize Centex Petroleum to obtain or exchange any personal credit information with any credit reporting 3rd party provider service towards establishing or verifying my/our financial standing.

Signature of Applicant (or authorized Signing Officer) _____ Number of Cards requested: _____

Print Name _____ Estimated Monthly Purchases: _____

Position _____ Date: _____

Head Office Contact Information: Ph: 403-289-3100 / Fax: 403-284-0633 / email: info@centexpetroleum.com

Date Account Opened: _____ Approved: _____ Declined: _____
Credit Limited: _____

Date _____

I/We, _____ authorize Centex Petroleum, to process a credit card payment for our fuel purchased at their gas station.

*Charge to Credit Card account _____

Expiration _____

Name on credit card _____

Address to which credit card statement is sent

Street _____

City _____ Province _____ Postal Code _____

Authorized signature _____

*Sorry for any inconvenience, we are only setup for VISA and MasterCard credit cards.

Fax to Centex Petroleum (403) 284-0633