



CANUCK OIL
105, 19335 96TH AVE
SURREY, BC V4N 4C4

PHONE: 1.604.888.1712
FAX: 1.604.888.1763
TOLL FREE: 1.855.287.4645

CREDIT APPLICATION

WWW.CANUCKOIL.COM

CONFIDENTIAL

LEGAL TRADING NAME: _____

OPERATING NAME: _____

TELEPHONE #: (____) _____ FAX #: (____) _____ E-MAIL: _____

MAILING ADDRESS: _____

CITY OR TOWN _____ POSTAL CODE: _____

SHIPPING ADDRESS: _____ PST # _____

PO REQUIRED? ____ YES ____ NO AMOUNT OF CREDIT REQUESTED _____

TYPE OF BUSINESS _____ YEARS IN BUSINESS _____

COMPANY is a: Proprietorship (____) Partnership (____) Limited (____) Subsidiary (____) Corporation (____)

Bank (if more than one, please use the reverse side) _____

BANK: _____ ADDRESS: _____

POSTAL CODE: _____ BANK PHONE: _____ ACCOUNT # _____

CREDIT REFERENCES OR MAJOR SUPPLIERS (other than telephone, stationery and courier): **** PLEASE INCLUDE FAX NUMBERS

NAME: _____ PH: _____ *FAX: _____

NAME: _____ PH: _____ *FAX: _____

NAME: _____ PH: _____ *FAX: _____

ACCOUNTS PAYABLE CONTACT PERSON: _____

NAME & ADDRESS OF OWNER(S) / OFFICER(S) _____

NAME TITLE ADDRESS PHONE #

NAME TITLE ADDRESS PHONE #

The applicant consents to Canuck Oil making any Enquiry of such Persons, Firms or Corporations as it deems necessary in order to reach a decision on this application. Information received will be treated as **CONFIDENTIAL AND USED FOR CREDIT PURPOSES ONLY**.

The undersigned shall pay all costs incurred by CANUCK OIL in the collection of monies owing to CANUCK OIL. On approved credit, Canuck Oil's payment terms are Net 30 days from date of invoice. The applicant further agrees to pay interest at the rate of TWO (2%) PERCENT per month on overdue accounts.

DATE: _____ COMPANY: _____ TITLE: _____

AUTHORIZED SIGNATURE: _____