



CUSTOMER CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company Name:		Type of Business:	
Phone:	Fax:	E-mail:	
Registered company address:			
City:	Province:	Postal Code:	
Years in Business:		GST #:	
Sole Proprietorship:	Partnership:	Corporation:	Other:
Nature of Business:		WCB#:	

CREDIT INFORMATION

Bank Name:	Credit Limit Requested:		
Bank address:	Phone:		
City:	Province:	Postal Code:	
Contact Name:	Transit #:		
Account number:			

CUSTOMER INVOICING REQUIREMENTS/ACCOUNTS PAYABLE INFORMATION

Contact Name:	Phone:
Email:	Fax #:
Invoice Receiving Preference (circle one): Email / Fax / Mailed Canada Post	
PO# Required on Invoices:	
Other Coding or Invoicing/Reporting Requirements:	

CREDIT CARD PAYMENT AUTHORIZATION

Cardholder Name:	Card Type:	Visa / Mastercard
Credit Card Number:	Expiry Date:	
<i>*Authorization is hereby given to Crossroads Petroleum Ltd. to apply ALL payments to my Visa/Mastercard</i>		

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	Province:	Postal Code:	
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:	Province:	Postal Code:	
Phone:	Fax:	E-mail:	

AGREEMENT

1. All invoices are to be paid **30 days** from the date of the invoice.
2. By submitting this application, you authorize Crossroads Petroleum Ltd. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Date:	Title:	Date:
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