

Please Note:
 *Please complete "all" requested information, including fax numbers
 *Please Print Neatly
 *Incomplete or unqualified applications will not receive a response

Form 900 (Rev. '08)
 Item #447326

COMMERCIAL PETROLEUM ACCOUNT APPLICATION

You May Fax This To (306) 244-3403

1. IDENTIFICATION

NAME OF APPLICANT (As it is to appear on the card)		Telephone ()
TRADE NAME/BUSINESS NAME (If different from above)		Cell ()
Address		Fax No. ()
City, Town or Village		E-Mail Address:
		Province
		Postal Code

2. COMPANY INFORMATION

NATURE OF BUSINESS		ANNUAL SALES \$	
CHECK ONE BOX	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PROPRIETORSHIP
LENGTH OF TIME IN BUSINESS _____ YEARS		INCORPORATION DATE	
IF A SUBSIDIARY, BRANCH OR DIVISION, PLEASE STATE PARENT CORPORATION Name		PROVINCE OF REGISTRATION	
Address		Telephone ()	Fax No. ()
City, Town or Village		Province	Postal Code
FINANCIAL STATEMENTS FOR THE YEAR OF _____ PREPARED. WILL PROVIDE COPY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ATTACHED FINANCIAL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE.			
COMPANY OFFICERS, PARTNERS OR PROPRIETORS NAME	TITLE	HOME ADDRESS (PARTNERS OR PROPRIETORS)	BIRTH DATE

3. REFERENCES

FINANCIAL INSTITUTION	CITY	PROVINCE	ACCOUNT #	TRANSIT #
NAME			FAX () #	_____
Previous Name and Address (If Less Than 1 Year)				
TRADE SUPPLIER NAME			FAX () #	
TRADE SUPPLIER NAME			FAX () #	
PRESENT FUEL SUPPLIER			FAX () #	
ARE THERE ANY LEGAL ACTIONS PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER GONE THROUGH BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Do you currently have or have you previously had an account with Federated Co-operatives Limited? YES NO If Yes please indicate account number? _____

MONTHLY FUEL PURCHASES OF ALL ACCOUNT TYPES: \$ _____

4. PLEASE READ AND SIGN BELOW

I/We the undersigned: (A) certify all the above information and any further information provided to FEDERATED CO-OPERATIVES LIMITED (FCL) to be true, complete and correct (B) request FCL issue card(s) to me/us as indicated above, and renewals or replacements thereof from time to time at your discretion (C) agree to read and be bound by the terms and conditions of the agreement which will accompany notification of the account when approved and that use of such card(s) shall evidence receipt of such agreement (D) understand that I/we will be required to pay our account balance in full each month (E) acknowledge that FCL reserves the right to cancel the account herein if my/our purchases do not meet minimum program requirements; and (F) authorize and consent to the receipt and exchange of credit information with any credit reporting agency, credit bureau or any person or corporation with whom I/we have or propose to have financial relations.

NAME OF APPLICANT _____
 Signed Jointly & Severally (Partners or Proprietors)

Date _____	Authorized Signature _____	Please print name here _____	Title _____
Date _____	Authorized Signature _____	Please print name here _____	Title _____

5. ACCOUNT TYPES

a) BULK FUEL <input type="checkbox"/>	b) CREDIT CARD <input type="checkbox"/>				c) CARDLOCK <input type="checkbox"/>							
	NO. OF CARDS	UNIT NO.	INVOICE OPTIONS			NO. OF CARDS	PRODUCTS	ODOMETER	UNIT NO.	TYPE OF CARD	INVOICE OPTIONS	
			FREQUENCY	INVOICE FOR EACH	SUB TOTAL						FREQUENCY	INVOICE FOR EACH
AND/OR	<input type="checkbox"/> YES	<input type="checkbox"/> MONTH END	<input type="checkbox"/> UNIT NUMBER-A	<input type="checkbox"/> CARD NUMBER-C	<input type="checkbox"/> GASOLINE	<input type="checkbox"/> YES - 0	<input type="checkbox"/> YES - 0	<input type="checkbox"/> LOCAL	<input type="checkbox"/> MONTH END-1	<input type="checkbox"/> CUSTOMER - BY CARD NO.-1 OR 5		
	<input type="checkbox"/> NO	<input type="checkbox"/> MID. MON. & MON. END	<input type="checkbox"/> CUSTOMER-B	<input type="checkbox"/> UNIT NO.-V	<input type="checkbox"/> DIESEL	<input type="checkbox"/> NO - 1	<input type="checkbox"/> NO - 1	<input type="checkbox"/> PROV.	<input type="checkbox"/> MID MONTH & MONTH END-2	<input type="checkbox"/> CARD NO.-2 OR 6		
		<input type="checkbox"/> WKLY. (FRI.) & MON. END	<input type="checkbox"/> CARD NUMBER-D		<input type="checkbox"/> PROPANE.			<input type="checkbox"/> NATIONAL.	<input type="checkbox"/> WKLY.(SAT.) & MONTH END-3	<input type="checkbox"/> CUSTOMER - BY UNIT NO-3 OR 7		
										<input type="checkbox"/> UNIT NO.-4		

For Office Use Only: Territory: _____ Acct. Rep: _____