



Application for Corporate Fuel Account

Please check one site as your primary supplier:

- Athabasca Bonnyville/Cold Lake Lac La Biche Fort McMurray



Personal Information -> (Please Check One of the Following): Corporation Sole Proprietorship Partnership

Business Name/Legal Operating Name in Full:\*
\*Please Note - if using AFFDA/Offroad number, account name applied for must read the same as legal name under tax-exempt #.
Address: Street or Box # Town/City Province Postal Code
How long in this Business? Years Telephone: ( )
Type of Business? Fax Number: ( )
If you would like to receive your statement and invoices electronically, please provide your e-mail address:

Principals/Owners Information
Name : Title: S.I.N.:
Address : Telephone : Fax:
Name : Title: S.I.N.:
Address : Telephone : Fax:

Accounts Payable Information
Contact:
Telephone :
NET 30 DAYS from date of INVOICE Will a Purchase Order Number be Required? ( Y/N )
Address: (if different from above) Street or Box # Town/City Province Postal Code

Financial Information
Bank #1: (Branch Name & Location)
Branch Contact Name: Phone ( )

Credit References (please do not list Banks or Finance Companies)
Table with 4 columns: Company Name, Contact, Phone Number, Fax Number

I/We, (name of principal) and (name of principal) of (name of company)

(hereinafter referred to as the corporate customer), apply for credit for the supply of goods, services and materials in accordance with the application for credit currently made. I/We being principal(s) of the corporate customer acknowledge that I/we am/are co-customer(s)/co-purchasers and will be personally responsible jointly and severally with the corporate customer for any and all debt.

Dated at: location in the province of day month year,
(signature of principal) (witness) (signature of principal) (witness)

Fuel Account Information/Card Requirements

Current Fuel Supplier:
Estimated Monthly Purchases in Dollars : \$
Credit Limit Required (30 day terms): \$
CLEAR FUEL CARDS REQUIRED
Type of Product How Many Cards
Clear Gas
Clear Diesel
Clear Gas/Diesel

AFFDA # 01 if numbers end in anything other
Offroad # A 06 then 01 or 06, number is expired
Type of Product How Many Cards
Dyed Gas
Dyed Diesel
All Products
\*\*PLEASE NOTE\*\* - above number MUST be under the same name as account name applied for.

For Office Use Only
Approval Signature Comments: Account Number Date Created



Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Cougar Fuels Ltd., and the financial institution designated (or any other financial institution I/WE may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Cougar Fuels Ltd. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 27<sup>th</sup> day of each month. Cougar Fuels Ltd. will provide 10 days written notice of the amount of each regular debit. Cougar Fuels Ltd. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Cougar Fuels Ltd. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

Cougar Fuels Ltd., may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Please Print

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_ Cougar Fuels Ltd Customer #: \_\_\_\_\_  
Type of Service: Personal \_\_\_\_\_ Business \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

Financial Institution (FI): \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_  
(branch -5 digits; FI – 3 digits)

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(S): \_\_\_\_\_

**Cougar Fuels Ltd.**  
**Attention: Accounts Receivable Department**  
5602 – 54 Avenue  
Bonnyville, AB  
T9N 2N3  
Tel: (780)-826-3043  
Fax: (780)-826-3040  
E-mail: [cashcontrol@cougarfuelsltd.ca](mailto:cashcontrol@cougarfuelsltd.ca)





## PRE-AUTHORIZED DEBIT CANCELLATION NOTICE

TO: COUGAR FUELS LTD  
5602-54 Avenue,  
Bonnyville, Alberta  
T9N 2N3

Phone: 780-826-3043  
Fax: 780-826-3040  
email: cashcontrol@cougarfuelsltd.ca

DATE: \_\_\_\_\_

I/We, \_\_\_\_\_, cancel my/our authorization to issue (*Personal, Business, Funds Transfer or Cash Management*) pre-authorized debits in the amount of (*amount*) against my/our account number \_\_\_\_\_ effective on \_\_\_\_\_. I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee.

Signed: \_\_\_\_\_  
Payor/Valid Signing Authority(ies)

*Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such person are required for the purposes of this Cancellation Notice.*

Note: Please note that the CPA cannot cancel a PAD Agreement. All cancellation requests must be submitted directly to the Payee with whom you have established a PAD Agreement. It is advisable to notify the Payee in writing and keep a record of the cancellation request.

Subject to the terms of any agreement between a Payor and Payee including their Payer's PAD Agreement, a Cancellation Notice may be provided to a Payee by way of registered mail, telephone, Internet, e-mail, fax or prepaid courier and must be provided in compliance with the notice requirements for cancellations, if any, set out in the applicable Payor's PAD Agreement.

