



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:*				
<small>*Please Note - if using AFFDA/Offroad number, account name applied for must read the same as legal name under tax-exempt #.</small>				
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)

Company Name	Contact	Phone Number	Fax Number

I/We, _____ and _____ of _____
(name of principal) (name of principal) (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. I/We will jointly and severally indemnify you, and see you paid for your account with respect to any order now or hereafter made by the corporate customer. I/We further agree to pay your account within your terms of payment **net 30 days** following purchase (**INVOICE**), to pay 2% interest and service charges per month (24% per annum) on overdue accounts and I/we assure full responsibility for any costs incurred toward collection of the account including legal fees. **Signing** this application consents to Cougar Fuels Ltd. obtaining from, exchanging with or disclosing to other credit grantors and recognized credit bureaus any and all information concerning the application for the purpose of ensuring the accuracy of this information, conducting ongoing credit investigations, monitoring credit status and entering into and performing the agreement. This information may be disclosed to Suncor Energy Product Partnership.

Dated at: _____ in the province of _____ this _____ day of _____, _____.
location day month year

(signature of principal) (witness) (signature of principal) (witness)

Fuel Account Information/Card Requirements

Current Fuel Supplier:	CLEAR FUEL CARDS REQUIRED	
Estimated Monthly Purchases in Dollars : \$	Type of Product	How Many Cards
Credit Limit Required (30 day terms): \$	<input type="checkbox"/> Clear Gas	
<input type="checkbox"/> Please call me to customize my cards for location and product access	<input type="checkbox"/> Clear Diesel	
<input type="checkbox"/> PLEASE ADD RETAIL PUMP ACCESS	<input type="checkbox"/> Clear Gas/Diesel	
AFFDA # _____ 01 if numbers end in anything other	Type of Product	How Many Cards
Offroad # A _____ 06 then 01 or 06, number is expired	<input type="checkbox"/> Dyed Gas	
PLEASE NOTE - above number MUST be under the same name as account name applied for.	<input type="checkbox"/> Dyed Diesel	
	<input type="checkbox"/> All Products	
For Office Use Only		
Approval _____	Account Number _____	
Signature _____	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 27th 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.

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

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





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.

