



Application for Personal Fuel Account
 Please check one site as your primary supplier:
Athabasca Bonnyville/Cold Lake Lac La Biche Fort McMurray



Personal Information

Name: *			Spouse's Name:	
Last Name	Middle Initial	First		
<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 at this Address?	Years	(1)Telephone: ()		
Date of Birth:	(2)Telephone: ()			
Year	Month	Day		
S.I.N.:	Fax Number: ()			
Driver's License Number:				
If you would like to receive your statement and invoices electronically, please provide your e-mail address:				

Financial Information

Bank #1: (Branch Name & Location)	
Branch Contact Name:	Phone : ()
Chequing Account # :	Savings Account # :

Credit References

Creditor Name and Location (if applicable)	Balance Owning	Monthly Payment
	\$	\$
	\$	\$
	\$	\$

I, _____ of _____
(name of applicant) (town of residence)
 certify that the above information is true and authorize yourselves obtaining any personal credit information through any credit bureau, credit reporting agency, government registry, private registry, or civil enforcement agency. I am personally responsible for any and all debts incurred as a result of this application, whether or not the invoice or work order is made out solely in my name. I will indemnify you, and see you paid for your account with respect to any order now or hereafter made. I understand that all **invoices** are due **net 30 days**. I agree to pay 2% interest (24% per annum) and service charges on all overdue **invoices**. I assume 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

(applicant) (witness)

Fuel Account Information/Card Requirements

Current Fuel Supplier:	FUEL CARDS REQUIRED	
Estimated Monthly Purchases in Dollars : \$	<u>Type of Product</u>	<u>How Many Cards</u>
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	<u>Type of Product</u>	<u>How Many Cards</u>
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 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 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.

