



# Application for Commercial Credit

Station most frequently visited will be: \_\_\_\_\_

**\*\* PLEASE PRINT CLEARLY ALL FIELD MUST BE FILLED \*\***

Updated April 07,2022

Complete Corporate Name: \_\_\_\_\_

Address of Company: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Owned or Leased: \_\_\_\_\_ Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Business (Inc/Partnership/Farm): \_\_\_\_\_

AFFDA or TEFU #: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Months: \_\_\_\_\_ Driver's Licence #: \_\_\_\_\_

We require you to provide Centex Petroleum with a valid credit card number and a signed Authorization letter, signed by an authorized signing officer that would allow Centex Petroleum to process your account payment on a monthly basis. We also require a copy of all principals and/or partners valid photo ID. (INITIALS) (AB ID # and/or Driver's Licence)

Principal(s) or Partner(s):

Name: \_\_\_\_\_ Address: \_\_\_\_\_ **Address** Date of Birth: \_\_\_\_\_ ID #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID #: \_\_\_\_\_

Principle Bank and Branch: \_\_\_\_\_

Major Suppliers/Credit References (ALL FIELDS MUST BE FILLED):

	Name	Address	Email (must provide)	Phone #
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

INITIALS

**Payment terms are 10 days after statement date.** \_\_\_\_\_ A service charge of 2% (subject to change without notification) will be assessed on overdue balances. By signing the application you are acknowledging this fact and agree to be bound by these terms. Failure to comply with these terms may result in cancellation of credit privileges without notice.

The information provided on this application is for the purposes of obtaining credit. I/We authorize Centex Petroleum to obtain or exchange any personal credit information with any credit reporting 3rd party provider service towards establishing or verifying my/our financial standing.

Signature of Applicant (or authorized Signing Officer) \_\_\_\_\_ Number of Cards requested: \_\_\_\_\_

Print Name \_\_\_\_\_ Estimated Monthly Purchases: \_\_\_\_\_

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

**Head Office Contact Information: Ph: 403-289-3100 / Fax: 403-284-0633 / email: info@centexpetroleum.com**

Date Account Opened: \_\_\_\_\_ Approved: \_\_\_\_\_ Declined: \_\_\_\_\_

Credit Limited: \_\_\_\_\_