

Petro-Canada SuperPass[™] Business Credit Card Application

PLEASE TELL US ABOUT YOUR BUSINESS							Petro-Canada Outlet Number														
							Те						esignated Fax Number								
Suite / Unit No. Street Address							Cit	У					P	rovince)		Posta	I Code			
Subsidiary of Doing Busine						usiness as		Nur				ımber of years /months in Years Months									
bus								usiness i.e. 3 years 2 months													
Type of Business Legal Status Corporation Individual Proprietorship (owner operator) Partnership please provide below owner(s) name and SIN please provide below owner(s) name and SIN																					
Name of Person to Receive Product Updates / Fleet Manager Position / Title E-mail Address										Langua				uage Preference							
										English											
Name of Person to Receive Statements Position / Title E-mail Address									French												
Owner(s) / Partner(s) Name and Residential Address										Soc	Social Insurance Number (optional)										
PLEASE GIVE US	SOM	E REF	EREN	CES																	
Bank / Trust Company / Credit Union Name and Branch Address									Acc	Account Number											
Other Petro-Canada Account Names								Acc	Account Number												
																Account Nambor					
Current Fuel Supplier															Account Number						
Credit References / Sur	nnliers	Pleasi	attach	separate	list if re	nuired															
Name	opiioi o	7 7000		ress		quii oui			Telepho	one Nu	mber				Acc	Account Number					
Name																					
Name Address				ress					Telephone Number				Acc	Account Number							
Financial statements are necessary for companies that require a line of credit of \$25,000 and greater. Please submit with this credit application.																					
If information provided is	not suf	ficient to	approv	e this appli	cation, w	vill an offic	er of this con	npany p	rovide a le	tter of	credit c	or pers	sonal g	uarante	e?	Ye	s L	No			
PLEASE TELL US Estimated Monthly Fuel Purchase				LEET Monthly Fuel	Durchaege	at Datro-Dac	e /										I NI	mber o	F.		
Service Stations	es al Fello	-Odilaud		in Canada	ruicilases	at relio-ras	Fees may ap	oply.	ick and requi						Yes	□No		hicles	ı		
								ium requir	ementior o.s	o. accoun	ii sei up is	s φ1,000	per mon	ui.		_	_				
PLEASE CHOOSE	YOU	R BIL	LING	AND PA	YMEN	T OPT	ONS							7							
Statement Delivery	Intern	ıet We и	vill conta	ct you to s	et up.	Fax	Mail	Intern	ment Fred et Statemer Statemer	ent Del	livery to	be e-	mailed	to Pers	son to F	Recei	ve St	atemen			
Optional Payment Meth Note: PC banking is also			-			•	tic Bank Witho	,					nsfer) v	via our s	ecure S	Super	Pass	Online	Services	Website.	
Please sign below. The und	doroiana	d rocus	·(c) o Dc±	o Canada	aradit ac-	d(o) and :	nowal(a) or re-	nooma-	to thereof f	rom ti-	no to tirr	o icc	ind by	Supor F	norm, F)rodi	oto D-	utnovok:	0 ("C	or"\ Haa =4	
the card(s) will constitute ac of this Application. The Cus	ceptance	e of the P	ètro-Car	ada SuperF	Pass Busi	ness Card	nolder Ágreem	ent (the	Agreemen	t'), a co	py of wh	nich wi	II be se	nt to the	Custon	ner wi	th its	credit ca	ird(s) upo	n approval	
undersigned hereby certifies bureaus any and all informa	s this info	ormation	to be tru	e and comp	olete. The	undersign	ed consent(s) t	to Sunce	r obtaining	from,	exchang	ging wi	ith or di	sclosing	to othe	er crec	dit gra	ıntors ar	ıd recogr	nized credit	
conducting ongoing credit may report the undersigned	investiga	ations, mo	onitoring	credit statu	us and en	itering into	and performing	ng the A	greement.	Applica	ant agree	es tha	t in the	event th	ne acco	unt is	not p	oaid as	agreed, (Card Issuer	
Applicant Name <i>Please print</i> Applicant Position / Title Applicant Signature								9	Date				1 1								
									Х									M M	D D	YY	
OFFICE USE ONLY Station / Site Number Reg. Distr. TM No. Applicati					ion Number Credit Line				Adj.								RS	RV			
				Date Ann									her				Promo	Code			
						 v	Canadian Account Number U.S. Account					 	Promo Code								
				IVI IVI	D D	YY															

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State Full Company Name / Registered Business Name

PLEASE CHOOSE YOUR BASIC CARD OPTIONS										
Card Type	Driver-assigned Card each driver keeps own card		Number of Cards	Note: For added security all cards/drivers have a Personal Identification Number (PIN). Please list driver names/vehicle number below.						
туре	Single Station Card kept at retail service station only	Retail Service Station Address	3	Please list driver names/ vehicle number below.						
Complete below the information to be embossed on the second and third lines of your cards. Please attach a separate list if more than 5 cards are required. <i>Note: maximum 21 characters per line. This information will be used for assigning the PIN.</i>										
Card N		-		ssing Line 3 (e.g., Vehicle Number)	114.					
001										
002										
003										
004										
005										
PLEASE COMPLETE THE FOLLOWING REGARDING YOUR COLOURED FUEL REQUIREMENTS										
Alb	TEFU / AFFB Number			Please provide a copy of you katchewan Fuel Tax Exemption Permit	ır					
Mai	Please state use nitoba	Please state use Ontario	Britis	Please provide a copy of you coloured Fuel Account Cert						
PLEA	SE CHOOSE YOUR ADDITIONAL CA	ARD AND SERVICES OPTION	IS							
Customize my SuperPass cards with my company logo.										
Note: Fees will apply. We will contact you to arrange. We will require a PC compatible file of your company logo. Record odometer reading at time of purchase (Note: ODO can only be added at the time of card creation)										
	s! Please call me to further customize my	•	,	g free optional features:						
• V8	riable access to retail service stations (e.g., by pro	ovince/network of sites, etc)		3						
	urchase restrictions on card(s) – any combination of									
 product purchase access/limits – any combination of gasoline, diesel, propane, oil, lubricants fuel purchase volume limits by day/week/month 										
• non-fuel products and services access/limits – vehicle services, automotive accessories, weigh scales, convenience items, food, tobacco, etc										
non-fuel dollar purchase limits by transaction/day/week/month										
	S. truck stop network access with choice of billing		ar SunarDoso Onlina	Comisso antique						
	s! Please call me with more information a ternet statement delivery	about one or more of the following	ig SuperPass Offilite	services options:						
	ternet card maintenance									
Electronic Funds Transfer/PC banking										
• Internet report generating*										
r	ees may apply									
	E USE ONLY									
Accoun	t Number A/R Number									

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Fax to 1-800-268-4415

Print Form