

B A Benson & Son - Cardlock Application

Benson Oil

info@bensonoil.ca

FAX: 1 (250) 368-5503

Name _____
Address _____
City/Province/Postal Code _____
E-Mail Address _____
Phone _____

Business Type: Sole Proprietor Partnership Corporation: Province _____

How long in business: _____

Names/Addresses of Individuals or Partners	-or-	Name/Title/Phone Number of Corporate Officers
_____		_____

Name, Title, Address and Phone Number of Person to Contact Regarding Purchase Orders and Invoices

Bank Reference	Account Number, Contact, Title, and Phone Number
_____	_____

GST #:	_____
Purchasing Marked Fuel (Y/N)	_____ If yes, please send Colored Fuel Account Certification
Number of Cards Required:	_____
Payable Contact:	Phone : _____
	Fax : _____
	E-mail: _____

Trade References: Company Name, Address, Contact and Title, and Phone Number

1 _____

2 _____

3 _____

The undersigned acknowledges and agrees that B A Benson & Son may now, or at any time in the future, conduct or cause to be conducted a credit investigation of the applicant and/or guarantor.

Unless otherwise specified, payment for fuel invoice is due in 10 days of Statement Date.

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.

SIGNED _____

TITLE _____

DATE _____