

# B A Benson & Son - Credit Application



[info@bensonoil.ca](mailto:info@bensonoil.ca)

FAX: 1 (250) 368-5503

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province/Postal Code \_\_\_\_\_  
Credit Mgr. \_\_\_\_\_  
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 of Person to Contact Regarding Purchase Orders and Invoices, Title, Address, and Phone  
\_\_\_\_\_  
\_\_\_\_\_

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

GST #: _____	PST #: _____
Purchasing Marked Fuel (Y/N) _____	If yes, please send Colored Fuel Account Certification _____
Bona Fide Farmer (Y/N) _____	If yes, please send copy of exemption with Application _____
Payable Contact: _____	Phone : _____
	Fax : _____
	E-mail: _____

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

Unless otherwise specified, payment for fuel invoices is due in 15 days, payment for all other invoices is due in 30 days.

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 \_\_\_\_\_