

Petro-Canada SuperPass[™] Business Credit Card Application

PLEASE TELL US ABOUT YOUR BUSINESS						Petro-Canada Outlet Number															
State Full Company Name / Registered Business Name							Те					_	esignated Fax Number					_			
Suite / Unit No. Street Address							Cit	y						Prov	ince		Post	al Code		_	
Subsidiary of Doing Bus							usiness as		Nur				Numb	ımber of years /months in Years I				Montl			
bı									ousiness 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 Partnership 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							
										Eng				nglish							
Name of Person to Receive Statements Position / Title E-mail Address								French													
Owner(s) / Partner(s) Name and Residential Address										Social Insurance Number (optional)											
																İ					
PLEASE GIVE US	SOMI	E REF	EREN	CES																	
Bank / Trust Company / Credit Union Name and Branch Address										Account Number											
Other Date Occasio Account News										A A b b											
Other Petro-Canada Account Names										Account Number											
Current Fuel Supplier																Account Number					
Our lit Defense a / Our		Direction			V-4 16																_
Credit References / Sup	pliers	Please		separate	list if red	quirea.			Telent	one N	lumbe	,				Δοςοι	ınt Nıır	mher			_
Name Address				1033					Telephone Number					Account Number							
Name Address				ress					Telephone Number					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 suff	ficient to	approve	e this appli	cation, w	vill an offic	er of this com	npany p	rovide a	letter o	of cred	it or p	ersona	l guarar	on. ntee?	Ш	Yes	∐ No			
PLEASE TELL US																					
Estimated Monthly Fuel Purchase: Service Stations	s at Petro-	-Canada		Monthly Fuel in Canada	Purchases	at Petro-Pas	Fees may ap	oply.							Yes			lumber of ehicles	of		
							Note: Minim	num requir	ement for U	.S. acco	unt set u	p is \$1,(000 per n	nonth.							
PLEASE CHOOSE	YOU	R BIL	LING	AND PA	YMEN	T OPT	ONS					<u> </u>									
Statement Delivery	Intern	et We и	vill conta	ct you to s	et up.	Fax	Mail	Intern	ment Fre	nent D	elivery		e-mail	ed to P	erson	to Red	ceive S	Stateme			
								Faxec	Stateme	ent Del	livery -	· You r	nust co	omplete	the L	esigna	ated Fa	ax Num	oer abov	e.	
Optional Payment Metho Note: PC banking is also			-			•	tic Bank Withour secure Su	,		•			Transfe	r) via ou	r secu	ire Sup	oerPas:	s Online	Services	Websit	e.
J				,				,													
Please sign below. The und																					
of this Application. The Cust undersigned hereby certifies																					
bureaus any and all information conducting ongoing credit in																					
may report the undersigned		y for and	the statu	s of the acc				who ma	`				nation.	The und	ersign	ed is a			ıke this a	oplicatio	n . —
Applicant Name Please pa	ıırıt				Applica	nt Positio	II / IIIIE		Applica X	ant Sig	mature	:						Date M M	D D	Y	Υ
OFFICE USE ONLY					l																
Station / Site Number Reg. Distr. TM No. Applicat					ion Number Credit Line				Adj.					RS			RS	RV	_		
Main Link Account Number Date Ap					or. / Decl. Canadian Accoun				t Number U.S. Acc				S. Acc	ount Nu	nt Number				Promo Code		
M					M D D Y Y																

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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 hersonal Identification Number (PIN). Please list driver names/vehicle number b	Personal Identification Number (PIN).						
туре	Single Station Card kept at retail service station only	Retail Service Station Address	3	Please list driver vehicle number b							
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)	774.						
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 											
 nuel 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											
• U.S. truck stop network access with choice of billing in Canadian or U.S. funds* Yes! Please call me with more information about one or more of the following SuperPass Online Services options:											
	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