



COMMERCIAL ACCOUNT REQUEST

Main Comp Code	Division	Warehouse	Account no.	Billing Cycle	Language Preference English <input type="checkbox"/> French <input type="checkbox"/>
Corporation Name:					Telephone No.
Trade Style Name:					Fax Number
Civic Address:			City & Province		Email
Billing Address:			City & Province		Postal code
Electronic Invoices	YES <input type="checkbox"/>	NO <input type="checkbox"/>	E-Invoice address _____		
Delivery Address					

CUSTOMER INFORMATION

Type of Business:	Yrs. In Business:	Date of Incorporation:	
Business is: Incorporated <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Public Company <input type="checkbox"/>
Name and Address of Parent Corporation:		ACCTS Payable contact _____ () -	
Principal's Names	Position	Residential Address & Telephone No.	
1)			
2)			

Contact Name:	Position:	Telephone No.
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CREDIT INFORMATION

Primary Bank:	Address:			
Contact Name:	Position:	Telephone No.:		
Type of Accounts: Chequing <input type="checkbox"/>	Loans <input type="checkbox"/>	Other <input type="checkbox"/>	Existing Irving Customer yes <input type="checkbox"/> no <input type="checkbox"/>	Irving Account No:
1) Major Supplier:	Address	Telephone No.		
2) Major Supplier:	Address	Telephone No.		
Bonding Company	Address	Telephone No.		
Present Fuel Supplier;	Telephone No.			
Is Financial Statement Available? Yes <input type="checkbox"/> N No <input type="checkbox"/>	For Year Ending Month:	Year:		
Tax Exemption Number	Federal:	Provincial:	Are Purchase orders used?	

APPLICATION DETAILS

Commercial Account set up	Credit limit required	30 Day Terms <input type="checkbox"/>	C.O.D <input type="checkbox"/>	
Delivery Method: Automatic <input type="checkbox"/>	Non-Automatic <input type="checkbox"/>	Transportation: Straight Truck <input type="checkbox"/>	railer Delivery <input type="checkbox"/>	
Tank Location: Inside <input type="checkbox"/>	Outside: <input type="checkbox"/>	Storage Capacity:	Liters	Age of oil tank(s):
Tank Permit Required YES <input type="checkbox"/>	NO <input type="checkbox"/>	Special Delivery Instructions:		
Furnace Make:	Hot air/Hot water?	Water Heater Type?:	Rented <input type="checkbox"/>	Owned <input type="checkbox"/>
Types of Fuels required:	Age of Bldg:	Bldg. Dimensions		

Annual consumption: _____ First Delivery Required: _____
 I hereby certify the above information to be true and complete. I authorize and consent to Irving Oil Limited obtaining and exchanging credit information with any person or corporation with whom I have, or propose to have financial relations. I have read and agree to be bound by all of the terms and conditions contained on the Appendix A.
 Dated the _____ day of _____ A.D., 20 _____

Bernice O'Brien F#506-649-0474	IRVING OIL MARKETING LIMITED	FIRM NAME (PLEASE PRINT)
REPRESENTATIVE SIGNATURE		CLIENT SIGNATURE AND TITLE

LANDLORD WAIVER

The Owner, Landlord and/or Mortgagee of the Premises agrees that the Equipment shall remain the property of Irving Oil Limited notwithstanding that it or any part thereof may be affixed to the Premises, Irving Oil Limited shall have the right at any time to enter upon the Premises and remove all or any part of the Equipment.
 Dated the _____ day of _____ A.D., 20 _____
 Witness _____ Owner/Landlord _____
 Witness _____ Mortgagee _____