

# MORGAN FUELS



1253 Hall Road • Headingley, MB • R4H 0A2  
Ph. 204.832.2446 • Fax 204.832.2779

## COMMERCIAL ACCOUNT APPLICATION

Account # (for office use only) \_\_\_\_\_

Date: \_\_\_\_\_

Credit Limit Requested: \_\_\_\_\_

Company is a: (check one) Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Limited Company \_\_\_\_\_

### Company Information

### Owner Information

Legal Name: \_\_\_\_\_

Name(s): \_\_\_\_\_

Operating As: \_\_\_\_\_

\_\_\_\_\_

Operating Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Monthly Statements will be sent via E-mail

Years in Business: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

What type of business is this? \_\_\_\_\_ (Logging, Tourist Camp, etc.)

Bank Reference – Name, Address, Phone #, Contact:

\_\_\_\_\_

Credit References: Name, Address, Phone #, Contact: (supply 2):

(Cannot be Banks or Credit Card Companies, must be Businesses) Please do not provide references to which you are related.

\_\_\_\_\_

\_\_\_\_\_

**Products required:**

Av Gas \_\_\_\_\_ Jet Fuel \_\_\_\_\_ Lubes \_\_\_\_\_

Do you have storage tanks? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own the tanks? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please specify storage tank details:			
Tank Size: (Liters)	Tank Color:	Product:	Other Identifications:
Physical Location of storage tank for fill:			

**Please choose one of the following payment options:**

\_\_\_\_(x) **PREPAY (Cannot be used for Propane or Cardlock Account Purchases)**

\_\_\_\_(x) **Credit Card Account: I authorize the full amount owing on my account to be charged to the credit card listed below, every Thursday.**

Credit card Number: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \*\_\_\_\_\_\* \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ Expiry Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on the credit card: \_\_\_\_\_ **VISA      MASTERCARD**

Signature of card holder: \_\_\_\_\_

When your account has been approved you will receive a call from a Morgan Fuels employee for the middle 8 digits of your credit card number.

\_\_\_\_(x) **Personal PAD (Pre-authorized debit):** Additional Personal PAD form required to be filled out

*Please note: For credit card and pre-authorized payment terms, we require approximately 5 days to obtain a record of credit and to set up the account.*

# MORGAN FUELS

## TERMS on which MORGAN FUELS grants credit

1. A service charge of 2.0% per month (26.8% per annum) calculated and payable monthly will be applied on any amount which is past due.
2. The company account is considered delinquent if not paid in full by the due date. Additional deliveries may be suspended until past due amounts are paid in full (unless other arrangements are approved). Any invoices past due are subject to listing for collection with the Credit Bureau.

**A charge of \$25.00 will be levied against any N.S.F. cheques, or rejected preauthorized payments and all future deliveries will be Prepay until said account is paid in full.**

## CONSENT

The Company hereby

- a) Acknowledges that the Company understands and accepts the terms on which Morgan Fuels grants credit
- b) Accepts the terms and conditions of the personal guarantee which are part of this Application for Credit.
- c) Consents to Morgan Fuels conducting a credit information search from any credit reporting agencies with respect to the Company, any principal thereof, or the spouse of any principal.

**The above information is for the purpose of obtaining credit and is warranted to be true. The Company agrees to pay all bills upon receipt and to abide by the terms and conditions in effect at the time of purchase. The Company hereby authorizes Morgan Fuels, to whom this application is submitted to obtain such credit reports as may be deemed necessary to properly consider this application for credit**

Company Name: \_\_\_\_\_

**\*\*I/we authorize you to obtain financial disclosure regarding me/us and a copy of this application shall be sufficient authority for the release of such information.**

Per: \_\_\_\_\_  
(Signature)

Position: \_\_\_\_\_  
i.e. (sole proprietor, partner, director, etc.)

\_\_\_\_\_  
(Print name)

Per: \_\_\_\_\_  
(Signature)

Position: \_\_\_\_\_  
i.e. (sole proprietor, partner, director, etc.)

\_\_\_\_\_  
(Print name)

# MORGAN FUELS



1253 Hall Road • Headingley, MB • R4H 0A2  
Ph. 204.832.2446 • Fax 204.832.2779

## Personal Guarantee

In consideration of Morgan Fuels extending credit to \_\_\_\_\_ (the "Company") pursuant to this application, I / we unconditionally guarantee to Morgan Fuels the due payment of all indebtedness by the Company. If default shall occur by the Company under this application or if the Company shall become bankrupt, insolvent or go into liquidation, voluntarily or otherwise, I/we shall forthwith upon demand being made by Morgan Fuels, pay to Morgan Fuels all monies due by virtue of the Company's application.

Please Print

1) Guarantor: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Dated: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Signature:** \_\_\_\_\_ Dated: \_\_\_\_\_

2) Guarantor: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Dated: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Signature:** \_\_\_\_\_ Dated: \_\_\_\_\_