

MORGAN FUELS



	Sioux Lookout	Pickle Lake	Dryden	Red Lake	Kenora	Thunder Bay Rosslyn	Thunder Bay Mountdale
Ph	807-737-2250	807-928-2261	807-223-2666	807-735-9920	807-468-6050	807-473-4449	807-623-4033
Fax	807-737-2617	807-928-2970	807-937-4338	807-735-1237	807-468-7278		

COMMERCIAL ACCOUNT APPLICATION

****For office use only** Account # _____ Subzone _____ On Reserve _____

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 _____ Reg Gas + Eth _____ Diesel _____ Lubes _____
Jet Fuel _____ Reg Gas _____ Diesel Dyed _____ Cardlock _____
Propane _____ Premium _____ Home Heating Fuel _____

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.

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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)

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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: _____



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Cardlock Agreement

This agreement is for the use of the cardlock facilities at **Morgan Fuels**. The card(s) that will be issued is for the account holder signed below has agreed to the following terms.

- All damages to the facilities will be the responsibility of the account holder where it can be proven to be direct negligence and traced to the card on their account.
- All transactions on the card(s) will be the responsibility of the account holder and invoiced every 7 days.
- **A Cardlock statement will be mailed to the account holder every Monday, if the account is set up on credit card, the full amount will be charged to the card on Thursday of the same week. If the account is on weekly Pre-Authorized Debit the full amount will be withdrawn on the Tuesday or Friday of the same week.**
- Any account which has not been paid in full when due, will result in cards being turned off
- The card(s) remain the property of Morgan Fuels

The account holder is responsible for all charges on the card(s) and personally guarantees payment of these charges and all account balances.

Morgan Fuels will not be liable for any losses or damages caused by failure of the cardlock equipment.

I agree to these terms and understand them as they have been represented to me.

Name _____

Signing Authority for Account Holder

Date

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Cardlock Card Requested Form

Number of Cards Required _____

Products Required	Clear	Dyed	Reg	Name or Unit # on Card
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				