



**Wholesale Credit Application  
Personal / Unincorporated Companies**

1064 Great Street  
Prince George, B.C. V2N 2K8  
PH: (250) 562-8166 FX: (250) 562-4712  
Email: [info@jepsonpetro.com](mailto:info@jepsonpetro.com)

Applicant Information	
Customer Name:	Co-obligor:
Doing Business As (DBA):	
SIN:	Date of Birth:
Billing Address	Physical Address
Street / Box:	Street:
City:	City:
Postal Code:	Postal Code:
Business Phone:	Cell Phone:
Facsimile:	Email:
Does Applicant Own Premises?      Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Statement?                      Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment Details	
Place of Employment:	
Job Title:	Industry Type:
Period of Employment:	Operating Since::
Credit Requirements	
Credit Required / Month:	Type of Fuel Required:
Marked Fuel Required?              Yes <input type="checkbox"/> No <input type="checkbox"/>	Lubricants Required:                      Yes <input type="checkbox"/> No <input type="checkbox"/>
Delivery Required?                      Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Cardlock Cards Required:
Acknowledgement & Agreement	
<p align="center">I have read, understand and accept the follow: Page 1: Applicant Information Page 2: Terms &amp; Conditions All information provided is true and accurate.</p>	Initial:



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**Terms & Conditions**

The undersigned person applying for credit and any joint obligor, guarantor, authorized user (herein called the "Applicant") hereby covenants and agrees with Jepson Petroleum Ltd. DBA Northwest Fuels (herein called the "Wholesaler") and with Petro-Canada and their subsidiaries and affiliates (herein called "Petro-Canada") as follows:

1. All information provided is true and accurate.
2. The Applicant will immediately notify the Wholesaler in writing of any future changes in the information contained herein.
3. The Wholesaler will collect the Applicant's personal and business information through the Applicants purchases of products, which will be held in confidence by the Wholesaler: such information will be used to comply with any legal or regulatory requirements, to cooperate with police or financial institutions during any investigation of credit or debit card or suspected criminal fraudulent activities and to exchange such information or disclose it to other credit grantors and recognized credit bureaus for the purpose of ensuring accuracy, conducting ongoing credit investigations and monitoring credit status.
4. The undersigned Applicant agrees to pay the Wholesaler for all products and services purchased by the Applicant at the time of purchase or no later than THIRTY (30) days from the date the Wholesaler issues a statement to the Applicant, and agrees to pay interest charges equal to TWO PERCENT (2%) per month (equivalent to TWENTY SIX POINT EIGHT TWO PERCENT (26.82%)) per annum on all accounts unpaid after THIRTY(30) days from the date of the statement. The Wholesaler reserves the right to put the Applicant on "COD only" terms if any statements remain unpaid after FORTY-FIVE (45) days.
5. The Applicant agrees to carefully review all of the Wholesaler's statements issued to the Applicant for accuracy and will report any disagreements or discrepancies within THIRTY (30) days of receiving the said statement and in default of so doing, the parties agree that the statement shall be deemed to be accurate and correct and not subject to any further review beyond the said THIRTY (30) day period of time.

**THIS FORM MUST BE COMPLETED AND SIGNED BEFORE CREDIT MAY BE GRANTED. SEALED AND**

**DELIVERED** by the Applicant this \_\_\_\_\_ day of 20\_\_\_\_\_.

Signature:	Print:
Signature:	Print:
Witness Signature:	Print:



### Payment Authorization Form

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#### Optional - Pre Authorization Credit (PAC) or Debit (PAD) Payment Agreement

I \_\_\_\_\_ hereby authorize the "Wholesaler" to charge the credit card or bank account identified below for payment of all charges arising under my the "Wholesaler" account(s). These services associated with my the "Wholesaler" account are for Personal or Business. Regular payments for the full amount of services delivered will be debited to my specified credit card/account on the 20th day of each month. The "Wholesaler" will provide 10 days' written notice of the amount of each regular payment. Northwest Fuels will obtain my authorization for any other one-time or sporadic debits.

#### Credit Card Information

A 2% Surcharge will be applied to all payments made by credit card - Inital acceptance: \_\_\_\_\_

Card Type:    Visa                      Mastercard                      Cardholder Name: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_                      Province: \_\_\_\_\_                      Postal Code: \_\_\_\_\_

Card Number:    \_\_\_\_\_                      Expiry Date (mm/yy):    \_\_\_\_ / \_\_\_\_

3-Digit Security code:    \_\_\_\_

#### Bank Account Information or Attach Void Cheque

Account Type: Chequing    or    Savings                      Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_                      City: \_\_\_\_\_                      Province: \_\_\_\_\_                      Postal Code: \_\_\_\_\_

Account Number:    \_\_\_\_\_                      Transit Number:    \_\_\_\_\_                      Institutiion #:    \_\_\_\_

#### Terms and Conditions

The "Wholesaler" reserves the right to charge interest on accounts which become overdue as a result of failed PAC or PAD transactions.

This authority is to remain in effect until the "Wholesaler" has received written notification from me of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address above. I may obtain a sample cancellation form or more information on my right to cancel a PAC/PAD Agreement at my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

The "Wholesaler" may not assign this authorization without providing at least 10 days prior written notice to me.

I have certain recourse rights if any PAC/PAD does not comply with this agreement. For example, I have the right to receive reimbursement for any PAC/PAD that is not authorized by or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I certify that the information provided on this form is correct and true to the best of my knowledge, and agree to immediately notify the "Wholesaler" of any changes. I have read, understood and agreed to the terms as provided above.

#### Signatures

Account/Cardholder Signature: \_\_\_\_\_                      Date: \_\_\_\_\_  
Account/Cardholder Name Print: \_\_\_\_\_