

Application for Commercial Credit



Date: _____

Salesperson approving for processing: _____ Product: _____

Approximate credit requirements: 10-Day - \$ _____ 30-Day - \$ _____

If product to be picked up, indicate location: _____ Billing office: _____

Applicant

Complete business name: _____

Trade name (if different from above): _____

Business address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ EIN: _____ Fax: _____

E-mail: _____

Type of organization: Corporation Partnership Sole proprietorship

If partnership or sole proprietor, please list names and social insurance numbers of partners or proprietor:

Name: _____ Social Insurance Number _____

Name: _____ Social Insurance Number _____

Number of years in business? _____

Has the business ever filed for bankruptcy? No Yes If "yes", please briefly explain circumstances:

Bank Reference

Chequing account number: _____ Loan account number: _____
Name of bank: _____
Branch address: _____
Phone: _____ Fax: _____

Present/Previous Supplier

Name: _____
Branch address: _____
City: _____ Province: _____ Postal code: _____
Phone: _____ Account number: _____

Trade References (those with whom you have a credit relationship)

1. Name: _____
Address: _____ City: _____ Province: _____ Postal code: _____
Phone: _____ Fax: _____ Account number: _____
2. Name: _____
Address: _____ City: _____ Province: _____ Postal code: _____
Phone: _____ Fax: _____ Account number: _____
3. Name: _____
Address: _____ City: _____ Province: _____ Postal code: _____
Phone: _____ Fax: _____ Account number: _____

PLEASE ATTACH BUSINESS FINANCIAL STATEMENTS TO THIS APPLICATION. Irving Oil Commercial G.P. is hereby authorized to obtain such information, both personal and business, as may be required from the bank and trade references given in this application, which is furnished for the purpose of obtaining and maintaining commercial credit, and not for any personal, family or household purpose. The undersigned certifies that this application and all information provided herewith or in response to any request by Irving Oil Commercial G.P. for additional information, has been accurately completed and represents current data. If this application is approved and credit is extended to Applicant, Applicant agrees to pay according to the terms agreed to, and to pay interest on any overdue amounts at the rate of 2% per month (26.82% per annum) should Applicant's balance continue unpaid past due date, and to pay all costs of collection, including reasonable legal fees. If credit is approved, any and all credit terms may be modified or revoked by Irving Oil Commercial G.P. at any time.

Signed: _____ Title: _____ Date: _____

Signed: _____ Title: _____ Date: _____

You can send your documents to us by emailing them to IOCCustomerSupport@irvingoil.com or faxing them to **506.202.2586**. If you have any questions, please email us at IOCCustomerSupport@irvingoil.com or call us at **1.866.865.8800**.