

Application for Credit and Account

Jepson Petroleum Alberta Ltd.
 8490 23 Avenue NE, Calgary, AB T1Y 7H1
 Ph: (403) 215-1445 Fax: (403) 215-1462
sales@jepsonpetro.com
www.jepsonpetroleum.com

APPLICANT INFORMATION

DATE: _____

CUSTOMER NAME	Applicant Full Name or Business Name			
PHYSICAL ADDRESS	Street	City	Province	Postal Code
MAILING ADDRESS	Street	City	Province	Postal Code
	Phone Number	Cell Number	Email Address	
PAYABLES	Nature of Business (Type of Industry)			\$ _____ Credit Limit Requested <i>(required field)</i>
	Payables Contact Name		Payables Phone Number	Payables Email Address
	Tax Exempt Fuel User (TEFU) # Required for Dyed Fuel Purchases			
	Are Purchase Orders Required?	YES NO	Special Instructions:	
Invoice Preference (Choose one)	Mailed Invoice:		Invoice Email Address:	
	Emailed Invoice:			
JPAL SALES REPRESENTATIVE: _____				

EMPLOYMENT

FOR PERSONAL CREDIT	Current Employer's Name		Period of Employment	Job Title
	S.I.N. (optional)	Date of Birth	Own or Rent Home	
	The Company is a: Corporation Partnership Sole Proprietorship			
FOR BUSINESSES				Date Established

PRINCIPALS/OWNERS/DIRECTORS (CO-APPLICANTS)

1.	Name	Title	S.I.N. (optional)
	Address	City	Phone Number
2.	Name	Title	S.I.N. (optional)
	Address	City	Phone Number

REFERENCES

Bank	Branch	Contact	Phone Number
Supplier	Contact Name	Phone Number	Email
Supplier	Contact Name	Phone Number	Email
Supplier	Contact Name	Phone Number	Email

TERMS AND CONDITIONS

The person or company listed as Applicant on this form, and the person(s) listed as Principal/Owner (Co-Applicant), are both applying for credit from Jepson Petroleum (Alberta) Ltd. (Jepson) and its subsidiaries and affiliates, and will both be co-customers and co-debtors for any credit extended. The Applicant and Co-Applicant agree that:

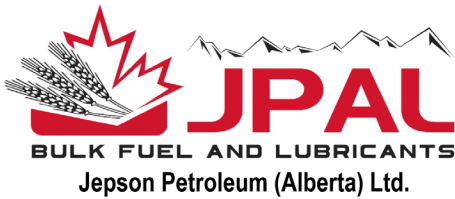
1. They are jointly and severally liable for any and all debt with Jepson whether for liquid products, equipment, or otherwise. This explicitly includes personal liability of the Principal/Owner as Co-Applicant. The Co-Applicant is not an indemnitor or guarantor but is instead directly liable to Jepson, and Jepson does not have to exhaust any remedies against the Applicant before pursuing the Co-Applicant personally. The Co-Applicant may request that correspondence from Jepson be sent to his or her home address (in addition to the Applicant’s business address) by contacting Jepson.
2. Payment on Jepson’s invoices is due by the 27th of the following month. Jepson’s preferred method of payment is an ABW (attached), online banking, or cheque. Any disputes about the content of invoices must be made within one month of the invoice or it is automatically waived.
3. Unpaid accounts are subject to an interest charge (late payment fee) from the due date of 2% per month (26.82% per year). N.S.F. Cheques or Pre-Authorized Debits will be subject to a \$50.00 service charge.
4. At any time in Jepson’s sole discretion, whether or not these terms have been breached, it may put the lower the Applicant and Co-Applicant’s credit limit, put them on “COD only” terms, or close their account entirely. Requests from the Applicant or Co-Applicant to Jepson’s agents or representatives for changes any credit terms are not effective without written authorization of Jepson’s credit manager.
5. In the event of any default, Jepson may accelerate payment of any outstanding balances. The Applicant and Co-Applicant agree to bear all of Jepson’s costs incurred in collecting any unpaid amounts, including all collection fees and all legal fees and disbursements on a solicitor-and-own-client, full indemnity basis.
6. The Applicant and Co-Applicant consent to Jepson obtaining credit and/or personal information in connection with this credit application, or any renewal or extension of it, and to the disclosure of any trade information concerning the Applicant or Co-Applicant to any credit reporting agency or to any person with whom the Applicant or Co-Applicant has or proposes to have financial relations. The Applicant and Co-Applicant further consent to Jepson conducting on-going credit investigations for monitoring credit status.
7. The information given in the Application and Agreement is warranted to be true and correct and given of the purpose of obtaining credit. The Applicant and Co-Applicant will immediately notify Jepson in writing of any future changes to the information contained on this form or any significant change to its creditworthiness.
8. This Agreement will be governed by the laws of Alberta and any disputes arising from it will be brought in the Alberta courts.
9. The signatory for the Applicant warrants he or she has the authority to bind the Applicant. The signatory for the Co-Applicant warrants he or she is a principal, owner, or director of the Applicant and understands he or she is liable to Jepson in accordance with this agreement.

Applicant Representative Name: <i>(Print)</i>		Co-Applicant Name: <i>(Print)</i>	
Applicant Representative Title: <i>(Print)</i>		Co-Applicant Title: <i>(Print)</i>	
Applicant Representative Signature:		Co-Applicant Signature:	
Date:		Date:	

PRODUCT/SERVICE REQUIREMENTS

JPAL Location(s):						
DELIVERY	Clear Diesel	Dyed Diesel	Clear Gasoline	Dyed Gasoline	Lubricants	DEF
<i>(estimated annual & per delivery volume)</i>						
Tank Information	Tank 1		Tank 2		Tank 3	
	Tank Size (L)	Product	Tank Size (L)	Product	Tank Size (L)	Product
CARDLOCK	Clear Diesel	Dyed Diesel	Clear Gasoline	Dyed Gasoline		
Number of Cards:		Computer Generated PIN#	Personal/Requested PIN # (4 digits):			
Card Features	Odometer reading only		Unit Number only		Both Odometer Reading and Unit #	
Cardlock Locations	All JPAL Petro-Pass Sites		Include Blackie, Alberta Cardlock		Include Enchant, Alberta Cardlock	
PICK-UP Products at a JPAL Location	<i>Specify Pick-Up Locations:</i>					

PLEASE COMPLETE ALL SIDES AND APPLICABLE SECTIONS OF THE CREDIT APPLICATION



JEPSON PETROLEUM (ALBERTA) LTD.
 8490 – 23 Avenue NE, Calgary, AB T1Y 7H1
 Ph:(403) 723-4556 Fax: (403) 291-5592
 Email: AR@jepsonpetro.com

Automated Bank Withdrawal (ABW) Form

Payor Authorization to _____ (the "Company") to Direct Debit an Account

ACCOUNT HOLDER (THE "CUSTOMER")

Full Legal Name		Exact Name in Account is Held	
Address		Telephone Number	
City	Province	Postal Code	

FINANCIAL INSTITUTION (THE "BANK")

Name of Bank		Address	
City	Province	Postal Code	
Bank Account Number	Branch Number	Institution Number	

1. PURPOSE OF DEBITS (select one)

Personal/Household PAD	Business PAD
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2. PRE-NOTIFICATION OF AMOUNTS

Fixed Amounts:	<input type="checkbox"/>	The Company will provide written notice of the amount to be debited and the date of the debit at least ten (10) calendar days before the date of the first debit and every time there is a change in the amount or payment date.
Variable Amounts:	<input type="checkbox"/>	The Company will provide written notice of each amount to be debited and the date of the debit at least ten (10) calendar days before the date of each debit.
Business Debit Plans ONLY:	<input type="checkbox"/>	The Customer and Company agree to waive the above pre notification requirements (delete if NOT applicable)

Authorized Signature of Customer		Printed Name	
Authorized Signature of Customer		Printed Name	

3. Rights of Dispute

The Customer may dispute a debit under the following conditions. (i) the debit was not drawn in accordance with this authorization; (ii) this Authorization was revoked or cancelled; or (iii) pre notification (as set out in paragraph 2 above) was not received.

In order to be reimbursed, the Customer must complete a Declaration Form at the above indicated branch of the Bank up to and including: (i) 90 calendar days (in the case of a Personal/Household debit), or (ii) 10 calendar days (in the case of a Business debit), after the date on which the debit in dispute was posted to the Customer's Account.

The customer acknowledges that disputes after the above noted time limitations are matters to be resolved solely between the Company and Customer.

4. Terms of Authorization to Debit the Above Account

The Customer authorizes the Company to debit the above account in the amount of \$ _____ on the _____ day of _____ each month for payment payable to the Company in respect of _____.

The Bank is not required to verify that any debits drawn by the Company are in accordance with this Authorization or the agreement made between the Customer and the company.

5. Cancellation of Agreement

It is acknowledged that in order to revoke this Authorization the Customer must provide written notice to the Company thirty (30) days prior to payment date. This Authorization may be cancelled at any time upon written notice by the Customer to the Company thirty (30) days prior to payment date. This Authorization applies only to a method of payment and cancellation of this Authorization does not mean that the Customer’s contractual obligations to the Company are ended. A sample cancellation form may be obtained at the Customer’s Financial Institution or by visiting www.cdnpay.ca.

The Customer will notify the Company promptly in writing if there is any change in the above account information.

6. Contact Information

The Customer may contact the Company to make inquiries, obtain information or seek recourse with respect to any PAD issued by the Payee using any of the following means:

Mail: 8490 – 23rd Avenue NE, Calgary, AB T1Y 7H1
Phone: 403-723-4556
Fax: 403-291-5592
Email: AR@jepsonpetro.com

7. Recourse Statement

The Customer has certain recourse rights if any debit does not comply with this agreement. For example, the Customer has the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, the Customer may contact your financial institution or visit www.cdnpay.ca.

Any delivery of this Authorization to the Company constitutes delivery by the Customer to the Bank. It is warranted by the Customer that all persons whose signatures are required to sign on the above account have signed the Authorization. The Customer acknowledges receipt of a signed copy of this Authorization.

Signature(s) of Authorized Account Holder(s)	Date
Signature(s) of Authorized Account Holder(s)	Date

*******For verification, please attach a blank cheque marked “VOID” to the completed Agreement*******