

INFORMATION SHEET
FOR GIRARD BULK SERVICE ACCOUNT

PERSONAL

APPLICANT: _____

RECOMMENDED PRICE GROUP: _____

RELATED ACCOUNTS: _____

NOTES:

MANAGER'S SIGNATURE: _____

PERSONAL



WHOLESALE MARKETER ACCOUNT APPLICATION

ESTEVAN

(306)637-4370

Fax: 634-5905

OXBOW

(306)483-2826

Fax: 483-2484

CARLYLE

(306)453-2262

Fax: 453-2302

ALIDA

(306)443-2466

Fax: 443-2354

REDVERS

(306)452-3216

Fax: 452-3767

Other Locations: Lampman – Carnduff – Kipling – Stoughton - Storthoaks (Keylock)

****AN INCOMPLETE APPLICATION MAY CAUSE A DELAY IN PROCESSING YOUR APPLICATION ****

NAME: _____

NATURE OF BUSINESS: _____ **# of years in business** _____

ADDRESS: _____

CITY: _____ **PROV:** _____ **POSTAL CODE:** _____

PHONE: BUSINESS (____) _____ **HOME** (____) _____ **CELL** (____) _____

FAX: _____ **EMAIL:** _____

ACCOUNTS PAYABLE CONTACT NAME: _____

FARMERS ONLY: PFT # _____

(The application will not be approved without a valid PFT#)

PAYMENT METHODS:

1) Pre Authorized Debit (PAD):

Paying your bill at Girard Bulk Service using PAD saves you time, money and gives you peace of mind that your bill is being paid on time. Many of you may be using this option now to pay for services like utilities, etc. If you are interested in signing up for PAD payments, please contact our Accounts Receivable Administrator at 306-637-4707 and we will further explain the process and provide necessary bank forms. Please fill out attached PAD form.

2) Online Payments:

We accept payment from all major banks as a bill payment option as well. If you are interested, please contact our Accounts Receivable Administrator at 306-637-4707.

We encourage you to consider these fast, easy and secure electronic methods of paying your account at Girard Bulk Service Ltd. We believe you will see the immediate benefits of using either of these methods and we will ensure that we are here to help you set up such payments and answer your questions.

3) Cheque or Cash:

Any payments received after the 25th of the month will be charged a 2% late payment fee

NOTE:

All invoices and statements will be automatically emailed. If you require copies of signed invoices please notify our office and they will be emailed as they are produced.

It is mandatory that Cardlock customers be set up to receive cardlock invoices by email

* Email address: _____

ESTIMATED MONTHLY PURCHASES:

UNLEADED: _____L

CLEAR DIESEL: _____L

DYED DIESEL: _____L

OTHER (IE LUBES, PROPANE, TWINE, ETC): \$ _____/MONTH

CREDIT AMOUNT REQUESTED:

_____ \$

SCHEDULE 'B'

PAYOR'S PAD AGREEMENT
Personal Pre-Authorized Debit Plan
Authorization of the Payor to the Payee to Direct Debit on Account

Instructions:

1. Please complete all sections in order to instruct Girard Bulk Service Ltd. to make payments directly from your account.
2. Please sign the Terms and Conditions
3. Return the completed form with a blank cheque marked 'VOID'
4. If you have any questions, please contact our office at 306-637-4370

PAYOR INFORMATION

Payor Name (s):	
Address:	
Telephone:	
Signature of Payor(s)	Date:

PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION

Branch Number	Institution #	Account Number
Name of Financial Institution		
Branch		
Branch Address		
City/Province		Postal Code

PAYEE INFORMATION

GIRARD BULK SERVICE LTD.
134 - 4TH STREET
ESTEVAN, SK
S4A 0T4

PAYMENT INFORMATION:

Payment will be a variable amount based on the amount owing on the statement. The full amount of the statement will be paid on the 25th of the month following the statement date.

PAYOR'S PAD AGREEMENT
Personal Pre-Authorized Debit Plan
Terms & Conditions

1. In this Agreement, 'I', 'me' 'my' refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household consumer purposes.
I authorize the Payee indicated hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a 'Personal PAD') on my account indicated hereof (the 'Account') at the financial institution indicated hereof (the 'Financial Institution').
I authorize the Financial Institution to honor and pay such debits.
This agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.
I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as is signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke or cancel this Agreement at any time upon notice being provided by me wither in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to the Payee.
This agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.
The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice, cease to issue any new PAD's.
I understand that I am obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or at www.cdnpay.ca.
4. I agree that my Financial Institution is not required to verify that and Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of and Personal PAD.
5. I agree that delivery of the Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver the Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
6. (a) I understand that with respect to:
 - (i) Fixed amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days for paper Agreements, fifteen (15) Electronic Agreements before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment date(s);
 - (ii) Variable amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every paper PAD, fifteen (15) calendar days for Electronic PADs before the due date of the first Personal PAD; and
 - (iii) Fixed amount and variable amount of every paper and/or electronic PADs occurring at set intervals, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.

(OR)

- (b) I agree to either waive the pre-notification requirements in section 6(a) of the Agreement or to abide by any modification to the pre-notification requirements as agreed to with the Payee.

Signature of Payor

7. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the PAYEE or its agent of debit my account.
8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
9. I understand that I have certain recourse/reimbursement rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. I understand that I may obtain more information on my recourse/reimbursement rights by contacting my financial institution or visit the CPA website at www.cdnpay.ca.
10. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition, I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to

this Agreement by secure electronic signature and that my secure electronic signature conforms to the requirements of Rule H1.

11. I agree that a payment service provider will administer the PAD.
12. I understand and agree to the foregoing terms and conditions.
13. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
14. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English

Name of Account Holder

Signature

Date

Name of Account Holder

Signature

Date

TERMS OF CREDIT

- 1) **PAYMENTS ON ACCOUNT ARE DUE IN FULL BY THE 25TH OF THE MONTH FOLLOWING THE STATEMENT**
- 2) A LATE PAYMENT FEE IS CHARGED ON ALL OVERDUE ACCOUNTS AT THE RATE OF 2 % PER MONTH (26.82 % PER ANNUM)
- 3) GIRARD BULK SERVICE LTD. RESERVES THE RIGHT TO USE DISCRETION TO LIMIT OR WITHDRAW CREDIT AT ANY TIME.
- 4) CUSTOMER IS RESPONSIBLE/LIABLE FOR ANY AND ALL PURCHASES MADE UNDER THIS CARD/ACCOUNT
- 5) ALL CHEQUES RETURNED NSF WILL BE CHARGED A \$25.00 SERVICE CHARGE
- 6) I PERSONALLY GUARANTEE THAT SAID BUSINESS ABOVE WILL BE RESPONSIBLE FOR ALL AND/OR ANY CHARGES MADE THROUGH THIS AGREEMENT
- 7) ALL INFORMATION ON THIS FORM WILL BE KEPT STRICTLY IN THE CONFIDENCE OF GIRARD BULK SERVICE LTD. TO BE USED SOLELY FOR THE PURPOSE OF OBTAINING CREDIT INFORMATION
- 8) IF GIRARD BULK SERVICE SHOULD HAVE TO INITIATE A COLLECTION PROCESS AGAINST THE CUSTOMER, A COLLECTION FEE OF 10% OF BALANCE OR A MINIMUM OF \$250.00, WILL BE ADDED TO THE OUTSTANDING BALANCE OF THE CUSTOMER ACCOUNT AT THE TIME

I, THE UNDERSIGNED, AGREE TO PAY ALL BILLS UPON RECEIPT OF STATEMENT, TO COMPLY WITH ALL THE CREDIT TERMS AND CONDITIONS AS STATED ON THIS APPLICATION, AND CONSENT TO YOUR OBTAINING FROM AND EXCHANGING WITH ANY CREDIT REPORTING AGENCIES, FINANCIAL INSTITUTIONS, GOVERNMENT AGENCIES OR OTHER PERSONS ANY INFORMATION AS YOU MAY REQUIRE IN CONNECTION WITH ANY CREDIT BEING CONSIDERED OR HEREAFTER GRANTED. I FURTHER AGREE THAT IF GIRARD BULK SERVICE HAS TO TAKE LEGAL ACTION OR INITIATE COLLECTIONS, A COLLECTION FEE WILL BE CHARGED TO MY ACCOUNT OF UP TO 10% OF OUTSTANDING BALANCE WITH A MINIMUM CHARGE OF \$250.00 FAILURE TO COMPLY WITH THE CREDIT TERMS WILL RESULT IN YOUR CREDIT BEING REVOKED. IF YOU HAVE ANY QUESTIONS OR WOULD LIKE TO CHANGE ANY ACCOUNT INFORMATION, PLEASE CONTACT THE OFFICE AT 306-637-4370. TO EXTEND YOUR CREDIT, YOU WILL HAVE TO MAKE A REQUEST AND YOUR CREDIT INFORMATION MAY BE REVIEWED.

APPLICANTS SIGNATURE _____ **DATED** _____

****Signature Must Be From Signing Authority****

FOR OFFICE USE ONLY

ACCOUNT # _____	PRICE BLANKET _____
CREDIT LIMIT \$ _____	
CARD # _____	DATE ORDERED _____

_____	AUTHORIZED BY _____

Application

Petro-Canada TM SuperPass TM Cards provided by Girard Bulk Service Ltd

Please complete all highlighted areas

Company name / Registered business name					How <input type="text"/> years <input type="text"/> months	
Suite / Unit no.	Street address	City	Province	Postal code		
Subsidiary of	Doing business as	Business telephone number () ()	Cellular telephone number () ()	Fax number () ()		
Type of business		Legal status <input type="checkbox"/> Corporation <input type="checkbox"/> Individual proprietorship (owner operator) <input type="checkbox"/> Partnership				
Owner(s) / Partners(s) Name and Residential Address				Social Insurance Number <i>optional</i>		
Occupation <i>Owner operator / individuals only</i>				Employer name <i>Owner operator / individuals only</i>		

Please give us some references...

Bank / Trust company / Credit union name and branch address	Account number
Other Suncor/Petro-Canada account names	Account number
Current fuel supplier	Account number
Financial statement available <input type="checkbox"/> yes <input type="checkbox"/> no	

Credit References / Suppliers *Please attach separate list if required*

Name	Address	Telephone Number	Account Number

Please tell us about your fleet...

Estimated monthly fuel purchases at Petro-Canada service stations in Canada \$	Estimated monthly fuel purchases at Petro-Cardlock's in Canada \$	Coloured fuel required <input type="checkbox"/> Yes <input type="checkbox"/> no
Number of vehicles	Type of vehicles <input type="checkbox"/> cars / light trucks <input type="checkbox"/> medium duty trucks <input type="checkbox"/> heavy duty trucks	Cards used by brokers <input type="checkbox"/> yes <input type="checkbox"/> no
Fleet / Operations Manager name		Accounts Payable contact name

Please sign below...

The undersigned request(s) a Super Pass Card(s) and renewal(s) or replacements thereof from time to time. Use of the Super Pass Card(s) will constitute acceptance of the Agreement which will accompany the card(s) when issued. The undersigned hereby certifies this information to be true and complete. **The undersigned consent(s) to Girard Bulk Service Ltd obtaining from, exchanging with or disclosing to other credit grantors and recognized credit bureaus any and all information concerning the undersigned for the purposes of ensuring the accuracy of this information, conducting ongoing credit investigations, monitoring credit status and entering into and performing the Agreement.** The undersigned is authorized to make this application.

Applicant name <i>Please PRINT</i>	Applicant position / Title	E-mail address
Applicant signature X	Date	Language preference <input type="checkbox"/> English <input type="checkbox"/> French

Petro-Canada is a Suncor Energy business

TM Trademark of Suncor Energy Inc. Used under licence.

Please complete highlighted areas on both sides and fax both sides to: 306-634-5905

Business Account and Card Customization
Petro-Canada™ Super Pass™ Cards provided by Girard Bulk Service Ltd

*Please complete the following in full to tailor your Super Pass account and cards to your specific needs.
 Call 306-637-4370 if you have any questions or special requirements.*

Company name/Registered business name _____

Please choose your card options...

<input type="checkbox"/> Driver assigned card	Number of cards	<input type="checkbox"/> Vehicle assigned card	Number of cards	Note: For added security, all
<small>each driver has one card</small>	_ _ _ _	<small>used in least in vehicles</small>	_ _ _ _	

*Please complete below the information to be embossed on the second and third lines of your cards. Please attach a separate list if more than 4 cards are required.
 Note: maximum 21 characters per line. This information will be used for assigning the PIN.*

Card no.	Embossing Line 2 (e.g. Company Name / Driver Name)	Embossing Line 3 (e.g. Driver Name / Vehicle Number)
001		
002		
003		
004		

Please complete the following if you qualify for tax exempt coloured fuel† Available at Petro-Pass™ Cardlock only.

<input type="checkbox"/> Saskatchewan <i>Please provide a</i>	TEFU / AFFB number	<input type="checkbox"/> Alberta	<input type="checkbox"/> British Columbia <i>Please provide a copy of</i>
<input type="checkbox"/> Ontario <i>We will contact you.</i>		<input type="checkbox"/> Manitoba <i>We will contact you.</i>	

Please choose your additional card and service options...

- record odometer reading at time of purchase
- record other information at time of purchase (e.g. unit number) *Available at Petro-Pass sites only.*
- Yes! Please call me to customize my cards for location and product access:**

reverse † Contact your provincial taxation office to confirm. ™ Trademark of Suncor Energy Inc. Used under license

Please complete both sides and fax both sides to: 306-634-5905

How many cards? _____

Do you want just gas, just diesel, or gas & diesel, dyed diesel? _____

(If you are a farmer and have PFT # you can only get dyed in SK, so if you want a card with dyed you have to order a separate card, if you want all your cards with dyed they will be restricted to SASKATCHEWAN only)

Do you want certain pins? __ if yes please list the pins you want!

Did you want cards mailed out or picked up? _____

Phone number for pick up _____

CUSTOMER AUTHORIZATION
TO RELEASE CREDIT INFORMATION
To GIRARD BULK SERVICE LTD.

The customer permits Girard Bulk Service Ltd. to receive information on his/her behalf for the purpose of credit reference only.

(Please print or Type)

I, _____, SIN# _____/_____/_____
Name

_____,
Title (if applicable)

Of _____, at _____,
Business Name (if applicable) Contact Telephone Number

And having the mailing address,

_____,
Mailing Address City Province Postal Code

Do hereby authorize, GIRARD BULK SERVICE LTD., to request and receive account information for the purpose of credit reference only.

Signature: _____

Date: _____

GIRARD BULK SERVICE LTD
PETRO-PASS CARDLOCK

ESTEVAN

(306)637-4370
Fax: 634-5905

OXBOW

(306)483-2826
Fax: 483-2484

CARLYLE

(306)453-2262
Fax: 453-2302

ALIDA

(306)443-2466
Fax: 443-2354

REDVERS

(306)452-3216
Fax: 452-3767

Other Locations: Lampman – Carnduff – Kipling – Stoughton - Storthoaks (Keylock)

This notice is to advise you that, as a Girard Bulk Service Ltd. cardholder, in order to use Petro-Canada's Petro Pass/cardlock/keylock facilities, you must train all your card/key users (i.e. your employees or representatives that will be using the facilities for product purchases) on the safe usage of dispensing fuel.

The following outlines safe operating and emergency procedures.

Notice To Farmers

Pursuant to The Fuel Tax Act, 2000 and the accompanying Regulations, this cardlock or keylock facility is not to be used to pump tax exempt gasoline directly into the tank of a motor vehicle.

Dispensing Operations

- Turn Off All Ignition Sources
- Driver Should Familiarize Themselves Of The Location Of The Emergency Shut Down Button
- Driver Shall Remain In Attendance During Fueling. **Do Not Leave The Pump Nozzle Unattended.**
- Do Not Block Or Jam Nozzles Open.
- In The Event Of Fire or Mishap Activate Emergency Shutdown.
- Filling Of Non-Approved Containers Prohibited.

In The Event Of A Spill, The Customer Is Responsible For The Costs Associated With Cleanup

Petro-Pass Operating Instructions

Ensure the pump you chose is available

- Insert card in appropriate card slot and remove in one smooth motion. You will hear a beep that indicates a valid reading of the card.
- Follow Instruction As Displayed On The Screen.
- Press Enter After Each Instruction.

Emergency Procedures

- There are signs posted at the PetroPass / Cardlock facilities which provide 24 hour telephone numbers To be used in emergencies including fires, product leaks or spills and personal injuries.
- Stop product flow/press emergency shut-off switch.
- In The Event Of A Fire, Get Away From Area.
- Do not start or move your vehicle.
- Report spill by calling the emergency number posted.
- Use absorbent material to contain spill.
- **DO NOT TAKE PERSONAL RISKS**

If you have any questions, problems, or would like to report a lost or stolen card, call Girard Bulk Service Ltd at one of the above locations. Public phones are available at or near all locations. To report problems, malfunctions or spills, call the emergency number posted at the location.

I have read and I understand the safe operating and emergency procedures.

Name: _____ Date: _____