



Corporate Charge Card Application

To apply for your **Corporate Gas King Charge Card**, complete the form below and mail it to our Head Office or leave it at one of our locations for forwarding to our credit department. Once we have processed your application a credit representative will contact you to customize your new account. Please allow approximately 5 business days for a response to your application.

To ensure prompt processing please print clearly and provide all information requested. You may also complete this application electronically at gasking.com (If you require an account in your personal name, please refer to our Personal Charge Card Application.)

Applicant

Legal name		Business name / Operating as	
<input type="text"/>		<input type="text"/>	
Address		City	Province Postal code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone	Fax	E-mail	
()	()	<input type="text"/>	
Accounts payable contact name	Charge card inquires contact name	Company controlled by / Affiliated with	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Legal status		Time in business	
Public corporation <input type="checkbox"/> Private corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Government <input type="checkbox"/>		Years <input type="text"/> Months <input type="text"/>	
Type of business			
<input type="text"/>			

Owners/ Directors

Name	Address (Residence)	Title
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

Credit References

Name of creditor	Address	Telephone	Account number
1. <input type="text"/>	<input type="text"/>	()	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	()	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	()	<input type="text"/>
Name of current fuel supplier			
4. <input type="text"/>	<input type="text"/>	()	<input type="text"/>

Financial Institution

Bank name	Account number
<input type="text"/>	<input type="text"/>
Address	Telephone
<input type="text"/>	()
Bank name	Account number
<input type="text"/>	<input type="text"/>
Address	Telephone
<input type="text"/>	()

Agreement

I agree that Gas King Oil Co. Ltd. may make the usual credit inquiries in connection with the application and I authorize the exchange of credit information. I certify that the information contained on this application is true and correct. The undersigned requests Gas King Charge Cards and renewals or replacements thereof from time to time. I will review the terms and conditions of the Gas King Cardholder Agreement which will accompany the credit acceptance letter and I understand that my use of the card will constitute acceptance of those terms and conditions.

Date	Signature of applicant	Name of applicant	Title
Mo Day Year	<input type="text"/>	<input type="text"/>	<input type="text"/>