

## Dandy Oil Products Ltd.

15630 118 Avenue, Edmonton AB T5V 1C4 Phone: 780.452.1104 Fax: 780.451.3270

www.dandyoil.cor

## **Personal Account Application**

PERSONAL	NFORMATION									- I
	Mahila Number									
Full Name							Telephone Number		Mobile Number	
Suite / Unit	Street Address					City			Province	Postal Code
S.I.N.	Dat	e of Birth	Spor	ıse's Name						
				ise s realine						
	M	M D D	YYYY							
Email Address (	to receive Invoices / Statemen	its)								
ENADL OVAAE	NT INCODMATION									
	NT INFORMATION									
Employer Name	2			Telephone		Occup	ation		Length of Employ	ment
Previous Employer			Spouse's Employer	r Name				Telephone		
REFERENCE	S									
BANK INFORMA	ATION									
Bank Name	Bank Name Address				Acco	unt Number	ıber		Fax	
CURRENT FUEL	SUPPLIER									
Name		Address			Accoi	unt Number			Telephone	
	ERENCES (Please include minim		nember)							
Name		Address		Relastion	nship	Telepi	none		Mobile	
Name		Address		Relastion	nship	Teleph	none		Mobile	
Name		Address		Relastion	nship	Telepi	none		Mobile	
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CREDIT INFO	ORMATION									
CREDITOR NAM	1E AND ADDRESS									
Name			Address			Baland	ce Owing		Monthly Paymen	t
						\$			\$	
Name			Address				ce Owing		Monthly Paymen	t
Name			Address			\$ Baland	ce Owing		\$ Monthly Paymen	t
Name			Address			\$ Raland	ce Owing		\$ Monthly Paymen	+
ivaille			Address			Dalain	.e Owing		ivionally raymen	·
						\$			\$	
ACCOUNT	NFORMATION									
			Cradit		1.	AFEDA		Off Day 1		
Estimated Monthly	\$		Credit Limit	\$		AFFDA Number		Off Road Number		
Purchases			Required							
Number of Fuel Cards		Products	Clear Gas	Clear Diesel		yed Gas *	Dyed Diesel *	* 1/0	te: AFFDA or Off	Road Number
Required			Cicai das	Clear Diesei		,	Dyed Diesei .		ired to purchase o	
	at the above information is true	e for the nurnose	e of obtaining credit fo	or the supply of goods, service	ces and materials 1/	/We. being prin	cipal(s) of the corporate cu	stomer ackno	wledge that I/Wa	am/are co-customer(s)/co-
	will be personally responsible									
hereafter made	by the corporate customer.									
	ree that all accounts are due a ce charges, legal and collectio									
	rity for payment of all sums du									
Dated at		in +b-	Province of		thic .		day of		20	
outeu di		iii the	. 1 TOVINCE UI		uns		uay UI		, 20	<del>·</del>
Principal				<del></del>	Principal					<del></del>
	-		PLEA	SE RETURN THIS FORM B	Y EMAIL TO CRED	IT@DANDYO	L.COM			



## **Dandy Oil Products Ltd.**

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## **Automatic Bank Withdrawal (ABW) Authorization**

I/we authorize Dandy Oil Products Ltd, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Dandy Oil Products Ltd account(s).

Regular monthly payments for the full amount of services delivered will be debited to my/our specific account on the 10<sup>th</sup> of each month. Dandy Oil Products Ltd. will provide written notice of the amount of each regular debit.

This authority is to remain in effect until Dandy Oil Products Ltd has received written notification from me/us of its change or termination. This notification must be received at least 10 business days before the next debit is scheduled at the address provided above.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any ABW that is not authorized or is not consistent with this ABW agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit <a href="www.cdnpay.ca">www.cdnpay.ca</a>

PLEASE PRINT		
Name:		Dandy Oil Account Number: 70
		Type of Service: Business Personal
Address:		
City/Town:	Province:	Postal Code:
Phone Number: (Bus)		(Cell)
E-Mail:		Fax:
Financial Institution:		
Account Number:		Transit Number:
Address:		(branch – 5 digits, Bank code – 3 digits)
		Postal Code:
Print Name:		
Authorized Signature:		Date:
**PLEASE AT	TACH A VOID CHEOUE FO	OR CONFIRMATION OF BANK DETAILS**