

CREDIT APPLICATION :

NAME: _____

ADDRESS: _____

PHONE NO: _____

POSTAL CODE: _____

FAX NO: _____

TYPE OF OWNERSHIP: CORPORATION: _____ NUMBER OF YEARS: _____
 PARTNERSHIP: _____ (SEE NEXT PAGE) _____
 SINGLE PROPRIETOR: _____ (SEE NEXT PAGE) _____
 PERSONAL: _____ (SEE NEXT PAGE) _____

BANKING INFORMATION

NAME OF BANK (S) _____ ADDRESS _____

CREDIT INFORMATION

TYPE OF BUSINESS AND/OR REASON FOR CREDIT: _____

INVOICE E-MAIL ADDRESS:

REQUESTED CREDIT LIMIT (MONTHLY AVERAGE PURCHASES): \$ _____

PLEASE CHECK PAYMENT METHOD:

Terms of sale, including terms of payment and charges, for each purchase are agreed to be those specified on the face of each invoice. Interest is calculated @2% per month or 24% per annum for past due accounts. The customer hereby agrees to pay all costs of collection or legal fees should such action be necessary due to non-payment.

_____ **Option 1 - Direct Weekly Payments**

- Weekly invoices
- Best volume discounts available on **Diesel Only**
- Payment via direct automatic withdrawal, Electronic Funds transfer on Friday of the following week or payment on delivery.

_____ **Option 2 - Cheque, Telephone or internet banking, Electronic Funds Transfer, Debit Card, Direct monthly payments**

- Payment must be received by the **25th** of the month following or sooner

_____ **Option 3 - Credit Card Payment**

- Credit card information **must** be on file in our secure offsite Paymentech processing facility
- Credit card payments of statement balances will be processed no later than the 10th of the following month.

_____ **Option 4 - Furnace oil Customers only - Budget Payments**

- Automatic withdrawal from your account on the day of your choice
- 10 Equal monthly payments based on expected usage

Authorization is hereby given to Jutzi Fuels to obtain such credit information and reports regarding the undersigned from others as permitted by law.

APPLICATION MUST BE SIGNED.

CUSTOMER SIGNATURE _____ **DATE** _____

CREDIT REFERENCE

1. NAME: _____
 ADDRESS: _____
 PHONE NUMBER: _____ FAX NUMBER: _____
2. NAME: _____
 ADDRESS: _____
 PHONE NUMBER: _____ FAX NUMBER: _____
3. NAME: _____
 ADDRESS: _____
 PHONE NUMBER: _____ FAX NUMBER: _____

PERSONAL INFORMATION (PARTNERSHIP, PROPRIETOR, INDIVIDUAL)

| | |
|---|----------------------------|
| EMPLOYER _____ | ADDRESS _____ |
| HOW LONG EMPLOYED _____ | TELEPHONE NO. _____ |
| SPOUSE EMPLOYER _____ | ADDRESS _____ |
| HOW LONG EMPLOYED _____ | TELEPHONE NO. _____ |
| SIN # _____ | SPOUSE SIN # _____ |
| DATE OF BIRTH _____ | SPOUSE DATE OF BIRTH _____ |
| HOUSE: OWN OR RENT _____ | |
| IF RENTAL: LANDLORD NAME _____ PHONE #() _____ - _____ | |

HOME COMFORT

DO YOU HAVE TANK INSPECTION YES NO (IF YES, PLEASE PROVIDE A COPY. ALL TANKS
 DO YOU HAVE APPLIANCE INSPECTION YES NO (MUST BE INSPECTED BEFORE WE CAN FILL)

| | | |
|----------------------------------|---------------------------------|------------------------------|
| <u>HOME HEAT</u> | <u>HOME HEAT SERVICE</u> | <u>WATER SERVICE</u> |
| FURNACE OIL YES NO | FURNACE - | DE-CHLORINATO YES NO |
| AUTO DELIVERY YES NO | SERVICE YES NO | REVERSE - |
| BUDGET YES NO | COMP PLAN YES NO | OSMOSIS YES NO |
| OIL WATER HEATER YES NO | | WATER SOFTENER YES NO |
| DHJ WATER HEATER YES NO | | |

FARM AND COMERCIAL FUELS

COLOURED DSL YES NO
 CLEAR DSL YES NO
 REG UNLEADED YES NO
 PREM UNLEADED YES NO
 OTHER _____

CARD LOCK CARDS

CHECK OFF THE FUEL TYPES REQUIRED
 DIESEL _____ GAS _____

OF CARDS REQUIRED JUTZI (4 SITES) _____
 # OF CARDS REQUIRED FAST STOP(50 SITES) _____
 AYR GASOLINE ONLY _____