

# B A Benson & Son - Cardlock Application

**Benson Oil**

[ar@bensonoil.ca](mailto:ar@bensonoil.ca)

FAX: 1 (250) 368-5503

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province/Postal Code \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Phone \_\_\_\_\_

Business Type:  Sole Proprietor  Partnership  Corporation: Province \_\_\_\_\_

How long in business: \_\_\_\_\_

Names/Addresses of Individuals or Partners	-or-	Name/Title/Phone Number of Corporate Officers
_____		_____

Name, Title, Address and Phone Number of Person to Contact Regarding Purchase Orders and Invoices

\_\_\_\_\_

\_\_\_\_\_

Bank Reference	Account Number, Contact, Title, and Phone Number
_____	_____

GST #: _____	_____
Purchasing Marked Fuel (Y/N) _____	OFFICE USE: Colored Fuel Certificate recieved (Y/N) _____
<b>Number of Cards Required:</b> _____	
Payable Contact: _____	Phone : _____
	Fax : _____
	E-mail: _____

Trade References: Company Name, Address, Contact and Title, and Phone Number

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

The undersigned acknowledges and agrees that B A Benson & Son may now, or at any time in the future, conduct or cause to be conducted a credit investigation of the applicant and/or guarantor.

Unless otherwise specified, payment for fuel invoice is due in 10 days of Statement Date.

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.

SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_