

# B A Benson & Son - Credit Application

**Benson Oil**

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 #: _____	PST #: _____
Purchasing Marked Fuel (Y/N) _____	OFFICE USE: Colored Fuel Account Certificate Recieved (Y/N) _____
Bona Fide Farmer (Y/N) _____	OFFICE USE: Certificate of Exemption Recieved (Y/N) _____
Payable Contact: _____	Phone : _____
Requested Credit Limit: \$ _____	Fax : _____
	E-mail: _____

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

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 invoices is due in 15 days, payment for all other invoices is due in 30 days.

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 \_\_\_\_\_