

# SUPER SAVE FUELS

2943 Eddystone Crescent, North Vancouver, B.C. V7H 1B8  
 Phone: (604) 984-2429 Toll Free: 1-888-997-7283 Fax: (604) 929-6544

## CUSTOMER PROFILE/CREDIT APPLICATION

Company Name:

Contact Person:

Address:

City:  Province:  Postal Code:

Phone: (  )  Cell Phone: (  )

Fax: (  )

E-mail:

### COMPANY INFORMATION:

Legal Entity: Corporation:  Partnership:  Proprietorship:  Established Since

TAX EXEMPTION NUMBERS (COMPLETE IF TAX EXEMPT ONLY)

PST#:  GST#:  CREDIT DESIRED: \$

### LIST OF OFFICERS/CONTACTS:

#### PHONE NUMBERS

#### EMAIL ADDRESS

President: <input type="text"/>	( <input type="text"/> ) <input type="text"/>	<input type="text"/>
Controller: <input type="text"/>	( <input type="text"/> ) <input type="text"/>	<input type="text"/>
A/P: <input type="text"/>	( <input type="text"/> ) <input type="text"/>	<input type="text"/>

### BANK INFORMATION:

Bank Name:  Branch Address:

City:  Province:  Postal Code:

Contact Name:  Phone Number: (  )

### LIST OF 3 TRADE REFERENCES:

Name: <input type="text"/>	Address: <input type="text"/>	Phone: ( <input type="text"/> ) <input type="text"/>
Name: <input type="text"/>	Address: <input type="text"/>	Phone: ( <input type="text"/> ) <input type="text"/>
Name: <input type="text"/>	Address: <input type="text"/>	Phone: ( <input type="text"/> ) <input type="text"/>

### PLEASE PRINT:

NAME:

SIGNATURE:

POSITION:  DATE:

### OFFICE USE ONLY:

Account Number:

Payment Terms:

Authorized By:  Date: