



APPLICATION FOR GALES COMMERCIAL CARD
4388 Portage Rd., Niagara Falls, ON, L2E 6A4

Mail/email or Fax this application today or leave it with one of our gas bar attendants.
If you need assistance or further information call (905) 356-4820 or (905) 687-4916 or Fax (905) 356-4600.
Email: controller@gales.ca

To ensure prompt handling of your application please type or print and provide ALL information as requested.

NAME OF BUSINESS _____ ONT. INC. # _____
STREET ADDRESS _____ CITY _____ PROV _____
POSTAL CODE _____ PHONE# _____ CELL # _____ FAX# _____
MAILING ADDRESS IF DIFFERENT: _____
EMAIL ADDRESS _____ HST NUMBER _____

PARTNERS, PRINCIPALS OR COMPANY OFFICERS

NAME _____ TITLE _____
NAME _____ TITLE _____

LEGAL STATUS

**Sole Proprietor Partnership Incorporated ** Drivers License # Sole Prop

OWNER'S NAME _____ BIRTHDATE _____
STREET ADDRESS _____ CITY _____
PROV. _____ POSTAL CODE _____ PHONE# _____

Type of Business _____ How long established? _____

If this is a newly formed business the officers should include with their request for commercial card(s) a letter guaranteeing their company's account for card purchases. Provide financial statements if available.

BANK NAME _____ ACCOUNT # _____
ADDRESS _____

CREDIT REFERENCES - LIST AT LEAST THREE

- 1. FIRM NAME _____ ADDRESS _____
PHONE _____ FAX _____ HOW LONG? _____
EMAIL _____ MONTHLY \$ AMOUNT _____
2. FIRM NAME _____ ADDRESS _____
PHONE _____ FAX _____ HOW LONG? _____
EMAIL _____ MONTHLY \$ AMOUNT _____
3. FIRM NAME _____ ADDRESS _____
PHONE _____ FAX _____ HOW LONG? _____
EMAIL _____ MONTHLY \$ AMOUNT _____

ANTICIPATED VOLUME PER MONTH: _____ LITRES _____ DOLLARS

TERMS

It is understood that the company above mentioned and the owner(s) above mentioned are responsible for all charges at GALE'S GAS BARS LIMITED made to the account requested above, and that the above mentioned owner(s) and/or above mentioned company are responsible for the allocation of such cards issued to them by GALE'S GAS BARS LIMITED. An additional charge of 2% per month (daily rate of 0.0657%) will be added to every account for all monies owing and not received by the 20th for the previous month of charging. An additional 2% will be added every 30 days thereafter for overdue balances. This application is subject to a credit check on both owners and business. Minimum purchase of \$100 required. To be signed by owner/director/officer of company

PRINT NAME _____ DATE _____

SIGNATURE _____ DATE _____