



Visit us at: www.superpassonline.com

# Canadian Door Institute

## Fax Back for your Petro-Canada SuperPass\* Card

# 1 800 268-4415

**Please complete in full, including the Business Account and Card Customization section on reverse. Call 1 800 668-0220 if you have any questions or special requirements.**

### Please tell us about your business...

Company name / Registered business name				How long established		years	months
Suite / Unit no.	Street address	City	Province	Postal code			
Subsidiary of	Doing business as	Business telephone number ( ) ( )	Cellular telephone number ( ) ( )	Fax number ( ) ( )			
Type of business	Legal status <input type="checkbox"/> corporation <input type="checkbox"/> individual proprietorship (owner operator) please provide below owner(s) name and SIN <input type="checkbox"/> partnership please provide below owner(s) name and SIN						
<b>Owner(s) / Partner(s) Name and Residential Address</b>				<b>Social Insurance Number optional</b>			
Occupation <i>Owner operator/individuals only</i>				Employer name <i>Owner operator/individuals only</i>			

### Please give us some references...

Bank / Trust company / Credit union name and branch address	Account numbers	
Other Petro-Canada account names	Account numbers	
Current fuel supplier	Account number	Financial statement available <input type="checkbox"/> yes <input type="checkbox"/> no

### Credit References / Suppliers Please attach separate list if required

Name	Address	Telephone number	Account Number

### Please tell us about your fleet...

Estimated monthly fuel purchases at Petro-Canada service stations in Canada \$	Estimated monthly fuel purchases at Petro-Pass/cardlocks in Canada \$	Estimated monthly fuel purchases at US truck stop network \$	Dyed fuel required <input type="checkbox"/> yes <input type="checkbox"/> no <i>please complete reverse</i>
Number of vehicles	Type of vehicles <input type="checkbox"/> cars/light trucks <input type="checkbox"/> medium duty trucks <input type="checkbox"/> heavy duty trucks	Cards used by brokers <input type="checkbox"/> yes <input type="checkbox"/> no	
Fleet /Operations Manager name		Accounts Payable contact name	

### Please sign below...

The undersigned request(s) a Petro-Canada credit card(s) and renewal(s) or replacements thereof from time to time. Use of the card(s) will constitute acceptance of the Agreement which will accompany the card(s) when issued. The undersigned hereby certifies this information to be true and complete. **The undersigned consent(s) to Petro-Canada's obtaining from, exchanging with or disclosing to other credit grantors and recognized credit bureaus any and all information concerning the undersigned for the purposes of ensuring the accuracy of this information, conducting ongoing credit investigations, monitoring credit status and entering into and performing the Agreement.** The undersigned is authorized to make this application.

Applicant name <i>Please print</i>	Applicant position / Title	E-mail address
Applicant signature	Date	Language preference <input type="checkbox"/> English <input type="checkbox"/> French

### Office Use Only

Station/Site number	Reg. <b>113</b>	Distr. <b>20</b>	TM no. <b>95</b>	Application no.	Credit line	Adj.	RS	RV
Main link account number <b>993 586 113 9</b>	Date appr./ decl.	Canadian account number	US account number	Promo code <b>MQ</b>				

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\* Marque de commerce de Petro-Canada - Trademark

**Please complete both sides and fax both sides to: 1 800 268-4415**