

GRA HAM ENERGY

Graham Oil --- Hammond Fuels

Box 130, 88 Queen St. W., St. Marys N4X 1A9
Telephone: #519-284-3420 – Fax: #519-284-2522

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Credit Application

In applying for credit with GRA HAM ENERGY LIMITED (referred to as the "Company"), it is hereby agreed that, if this application is approved, the applicant may make purchases in accordance with the Company's standard terms of sale. For bulk petroleum, standard terms are COD, unless alternate credit terms are arranged. Net 10 Days from date of delivery, or Load over Load, whichever occurs first, may be approved for bulk petroleum products, if suitable security is supplied. Packaged products are Net 30 Days from date of delivery or Special Terms as specified on the invoice. There may be a service charge of up to 2% per month (24% per annum) charged on past due accounts. It is also agreed that credit privileges will be extended only if payments are kept current. If, at any time, the applicant exceeds the credit limit set out below, all future purchases will be on a COD basis. Note: Cardlock & Petroleum purchases at service stations carry terms of Net 15.

Firm Name: _____ Operating As: _____

Address: _____

Town: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

Accounts Payable—Name & E-mail: _____

Vendor's License No. (if applicable): _____ Expires: _____ ****YOU MUST FAX US A COPY****

Proprietorship Partnership Corporation Other Year established: _____

Name of Company Representative/Contact: _____ Position: _____

Principal Officers or Owners/Partners & Positions:

1. _____

2. _____

Bank: _____ Account Mgr: _____

Bank Telephone #: _____ Amount of Credit Requested: _____

Credit Card Info: Type _____ Number: _____ Expiry Date: _____

Credit References - Company Name	Contact	Telephone	Fax
1. _____	_____	_____	_____
2. _____	_____	_____	_____

I am (we are) authorized officer(s) of the applicant and have read and fully understand and accept the conditions of this application. I/We hereby understand the Company may obtain such factual and investigative information regarding me/us from others as permitted by law, and furnish other credit granters and credit reporting agencies particulars of the credit application and subsequent credit experience, if applicable.

Dated at _____, Ontario, this _____ day of _____, 2_____.

Witness

Signature

Witness

Signature

Please return application to Cheryl Ford at Fax # 519-284-2522. Thank you.

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Request for Credit Check

Your Company Name or
Individual's Name:

Address:

Telephone #:

Financial Institution:
Name:

City:

Telephone #:

Fax #:

Account Manager:

Account No. (if possible):

Credit Requested::

Terms of Payment:

General Comments:

I authorize release of the above bank information.

Dated at _____, Ontario, this _____ day of _____, 2_____.

Witness

'Customer Signature

Note to GraHam Sales Rep:

Please have the customer complete and sign this form and return it to the Credit Department with all other application forms for processing. Thank you

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Personal Guarantee for Goods Supplied

To: *Gra Ham Energy Limited* (referred to as the “Company”)

I hereby guarantee payment to the Company for all goods which the Company may supply to:
(Please show name and address of company or individual the product is being delivered to.)

Name of Company: _____

Address: _____

Town & Prov.: _____ Postal Code: _____

AND I AGREE that, by signing this application, if the business customer is a corporation or limited company, I the signer/guarantor am personally bound by the terms and conditions as set out in the contract and /or credit agreement attached herein. I agree to be bound personally by the terms of repayment of the business customers obligations to GraHam Energy Limited if the application is approved.

AND I DECLARE AND AGREE that this guarantee shall continue to be binding, and shall enure to the benefit of the Company.

Dated at _____, Ontario, this _____ day of _____, 2_____

Witness - Signature

Guarantor – Signature

Witness – Name Printed

Guarantor – Name Printed

INFORMATION FOR PERSONAL GUARANTOR SIGNING ABOVE – please print:

Full Name: _____

Social Insurance #: _____

Birthdate: _____

Home Address: _____

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