



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 \_\_\_\_\_