



# Husky Oil Marketing Company

A Division of Husky Oil Ltd.

P.O. Box 6525 Station D Calgary, Alberta T2P 3G7

## COMMERCIAL APPLICATION FOR CREDIT

**BULK ASSIGNED**

### BULK AGENT LOCATION #

**PLEASE RETURN TO BULK AGENT. DO NOT SEND DIRECTLY TO HUSKY.**

NAME (IF INCORPORATED OR PARTNERSHIP, GIVE FULL REGISTERED NAME)				<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP
BUSINESS ADDRESS				
CITY	PROVINCE	POSTAL CODE	TELEPHONE	
<b>EMAIL ADDRESS:</b>				<b>FAX:</b>
DO YOU OWN OR RENT?	IF OWN, INDICATE MORTGAGE COMPANY		IF RENT, INDICATE LANDLORD	
TYPE OF BUSINESS	YEARS OPERATING WITH THIS NAME	IF LESS THAN 1 YEAR PROVIDE PREVIOUS BUSINESS NAME		
PRIMARY CONTACT		PRIMARY CONTACT EMAIL ADDRESS (IF OTHER THAN ABOVE)		

### FINANCIAL INFORMATION

BANK NAME	BRANCH ADDRESS	BRANCH TELEPHONE	ACCOUNT NUMBER
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### CREDIT REFERENCES

PRESENT FUEL SUPPLIER	ADDRESS	TELEPHONE	FAX NUMBER	ACCOUNT #
NAME	ADDRESS	TELEPHONE	FAX NUMBER	ACCOUNT #
NAME	ADDRESS	TELEPHONE	FAX NUMBER	ACCOUNT #

<b>APPLICABLE TAX EXEMPTIONS</b>	APPLICABLE TAX EXEMPTIONS	TAX EXEMPTION NUMBER
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ESTIMATED AVERAGE MONTHLY PURCHASES \$	ESTIMATED PEAK MONTHLY PURCHASES \$
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Applicant certifies that this credit accommodation will be used for business or commercial purposes and will not be used primarily for personal or family household purposes. Applicant agrees to pay in full all charges, except those incurred through unauthorized use of this credit, upon receipt of monthly statement or upon the due date of invoices. Applicant acknowledges that accounts not paid in full within terms specified by Husky will be subject to a late payment charge at Husky's then prevailing interest rate for delinquent accounts.

Personal information may be required to approve credit for your company.

I authorize Husky to obtain personal credit reports and other credit information (the "information") on me and on the corporation, partnership or other entity (the "Company") of which I am a principal. I acknowledge that this authorization is granted in connection with the application for credit for the Company. I consent to the collection, use and disclosure of the information by Husky to assess my financial status, creditworthiness and ability to guarantee the obligations of the Company to Husky. I acknowledge that, as a condition of granting credit to the Company, Husky may require me to execute a personal guarantee of the obligations of the Company to Husky. Each principal of the Company is required to sign this application and is bound by this authorization and consent.

NAME	POSITION	S.I.N. (OPTIONAL)	ADDRESS
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NAME	POSITION	S.I.N. (OPTIONAL)	ADDRESS
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SIGNATURE	DATE (YYYY-MM-DD)
SIGNATURE	DATE (YYYY-MM-DD)

PRE-AUTHORIZED DEBIT (PAD) PLAN  
PAYOR AUTHORIZATION

TO HUSKY OIL MARKETING COMPANY, A Division of Husky Oil Limited (the "PAYEE")  
707, 8<sup>th</sup> Avenue SW Calgary, AB Box 6525, Stn D T2P 3G7  
fax:(403)513-1933 email: credit.department@huskyenergy.com

**To Direct Debit an Account with**

Business Entity Accountholder \_\_\_\_\_ (the "PAYOR")  
*(Full Legal Name – Account Holder)*

\_\_\_\_\_  
*(Exact Name in Which Business Entity Account is Held – Business Name)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(Province)*

\_\_\_\_\_  
*(Postal Code)*

\_\_\_\_\_  
*(6 Character Husky Customer Number)*

\_\_\_\_\_  
*(Location Number if applicable)*

\_\_\_\_\_  
*Contact Name for Payment advise notification*

\_\_\_\_\_  
*Email address (or)*

\_\_\_\_\_  
*Fax number*

(the "PAYOR'S BANK")

Financial Institution:

\_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(Province)*

\_\_\_\_\_  
*(Postal Code)*

\_\_\_\_\_  
*(Account No.)*

\_\_\_\_\_  
*(Branch No.)*

\_\_\_\_\_  
*(Institution No.)*

The undersigned PAYOR authorizes the PAYEE to debit the above account at the above indicated branch of the PAYOR'S BANK, in payment of (check all that apply):

- Monthly Facility Rental and/or Semi-Monthly Variable Rent and **when notified** by the Payee, Daily Sales of Product from Husky Inventory (Consigned Sales DSR) or Product Purchases to be "Paid On Delivery" (COD), net of Scrip.
- Variable Purchases of Lubricants or TBA
- Variable Purchase made on a Husky Route Commander or Commercial Credit Card.
- Variable Purchases of Fuel and Related Product
- Variable Recurring Charges (Equipment Rental, Fees, Loan Payments)
- Variable Purchases (Asphalt / Pounder / WRM)

under the terms and conditions agreed to between the PAYOR and the PAYEE.

Debits may be drawn on the above account at any time and for any amount, until this Authorization is effectively cancelled, revoked or terminated.

The PAYOR’S BANK is not required to verify that any debits drawn by the PAYEE are in accordance with this Authorization or the agreement made between the PAYOR and the PAYEE. It is acknowledged that in order to revoke this Authorization the undersigned PAYOR must provide written notice to the PAYEE. This Authorization may be cancelled at any time upon written notice by the PAYOR to the PAYEE. This Authorization applies only to a method of payment and cancellation of this Authorization by the PAYOR shall not cancel or have any other effect on the underlying agreement made between the PAYOR and the PAYEE. A sample cancellation form, and further cancellation information can be found at [www.cdnpay.ca](http://www.cdnpay.ca).

The PAYOR will notify the PAYEE promptly in writing if there is any change in the above account information or if the Authorization is to be terminated.

Subject to review, a \$40.00 fee may be charged for each returned or stopped payment.

**It is acknowledged that with respect to variable amount debits to the above account the PAYOR agrees to the waiver of the 10-day pre-notification period.**

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

The PAYOR acknowledges that delivery of this Authorization to the PAYEE constitutes delivery by the PAYOR to the PAYOR’S BANK, and any delivery to the PAYEE constitutes delivery by the PAYOR. It is warranted by the undersigned that all persons whose signatures are required to sign on the above account have signed this Authorization. Receipt is acknowledged by the undersigned PAYOR or a signed copy of this Authorization.

The PAYOR consents to the collection, use and disclosure by PAYEE of personal information provided by the PAYOR for the purpose of administering the pre-authorized debit plan in accordance with this Authorization.

\_\_\_\_\_  
*PAYOR Accountholder – Name* *(Date)*

\_\_\_\_\_  
*Authorized Signature* *Authorized Signature*

\_\_\_\_\_  
*Name and Title* *Name and Title*

**Please attach a “blank”, “void” cheque drawn on the above account.**

**Customers** return to Fax: (403) 513-1933

**Retailers** return to Fax: (403) 513-1933