



Dandy Oil Products Ltd.
15630 118 Avenue, Edmonton AB T5V 1C4
780.452.1104
www.dandyoil.com

Drever Agencies (2020) Inc
3901 42 Avenue, Camrose AB T4V 4M6
780.672.2572
www.dreveragencies.com



BUSINESS INFORMATION

Full Company Name (Corporate Customer)		Telephone Number	Fax Number	
Billing Address				
Suite / Unit	Street Address	City	Province	Postal Code
Delivery Address				
Suite / Unit	Street Address	City	Province	Postal Code
Doing Business as:		Years in Business	Years	Months
Type of Business	Legal Status <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Proprietorship (please provide below owner(s) name and SIN)			
Name of Person to Receive Invoices / Statements:		Position / Title	Email Address (to receive Invoices / Statements)	

Owner(s) / Partner(s) (Co-Customer)			
Name	Title	Telephone	Date of Birth
Name	Title	Telephone	Date of Birth

REFERENCES

BANK INFORMATION				
Bank Name	Address	Account Number	Fax	
CURRENT FUEL SUPPLIER				
Name	Address	Account Number	Telephone	
CREDIT REFERENCES / SUPPLIERS				
Name	Address	Account Number	Telephone	Email
Name	Address	Account Number	Telephone	Email
Name	Address	Account Number	Telephone	Email

ACCOUNT INFORMATION

Estimated Monthly Purchases \$	Credit Limit Required \$	Purchase Order Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Fuel Cards Required	Products <input type="checkbox"/> Clear Gas <input type="checkbox"/> Clear Diesel <input type="checkbox"/> Dyed Gas * <input type="checkbox"/> Dyed Diesel *	* Note: AFFDA or Off Road Number required to purchase dyed products		
AFFDA Number	Off Road Number	<input type="checkbox"/> Lubricants <input type="checkbox"/> Please contact us to discuss lubricants selection		

I/We certify that the above information is true for the purpose of obtaining credit for the supply of goods, services and materials. I/We, being principal(s) of the corporate customer acknowledge that I/We am/are co-customer(s)/co-purchasers and will be jointly and severally responsible with the corporate customer and principal(s) for any and all debts. I/We will jointly and severally indemnify you, and see you paid for your account with respect to any order now or hereafter made by the corporate customer.

I/We further agree that all accounts are due and payable upon receipt of statement. I/We understand that all overdue accounts will be charged interest at the rate of 26.82% per annum (2% per month) from the due date, and agree to pay all service charges, legal and collection costs, up to 25% of the total owing. I/We understand and consent to you obtaining a consumer report containing personal and/or credit information with this transaction. I/We, in our capacity as directors or officers, and on behalf of the corporate customer do hereby, as security for payment of all sums due and owing to Dandy Oil Products Ltd and/or Drever Agencies (2020) Inc., grant a security interest in favor of Dandy Oil Products Ltd. and/or Drever Agencies (2020) Inc.in all of the present and after acquired property of the corporate customer/individual.

Dated at _____ in the Province of _____, this _____ day of _____, 20_____.

Principal _____ Principal _____

Automatic Bank Withdrawal (ABW) Authorization

I/we authorize Dandy Oil Products Ltd and/or Drever Agencies (2020) Inc, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Dandy Oil Products Ltd and/or Drever Agencies (2020) Inc account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specific account on the 10th of each month. Dandy Oil Products Ltd and/or Drever Agencies (2020) Inc will provide written notice of the amount of each regular debit.

This authority is to remain in effect until Dandy Oil Products Ltd and/or Drever Agencies (2020) Inc has received written notification from me/us of its change or termination. This notification must be received at least 10 business days before the next debit is scheduled at the address provided above.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any ABW that is not authorized or is not consistent with this ABW agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

****PLEASE ATTACH A VOID CHEQUE FOR CONFIRMATION OF BANK DETAILS****

PLEASE PRINT

Name: _____

Account Number: 7 _ _ _ _ _

Type of Service: Business _____ Personal _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus) _____ (Cell) _____

E-Mail: _____ Fax: _____

Financial Institution: _____

Account Number: _____

Transit Number: _____ - _____

(branch – 5 digits, Bank code – 3 digits)

Address: _____

City / Town: _____ Province: _____ Postal Code: _____

Print Name: _____

Authorized Signature: _____

Date: _____