



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



PERSONAL INFORMATION					
Full Name			Telephone Number	Mobile Number	
Suite / Unit	Street Address		City	Province	Postal Code
S.I.N.		Date of Birth	Spouse's Name		
		M M D D Y Y Y Y			
Email Address (to receive Invoices / Statements)					

EMPLOYMENT INFORMATION			
Employer Name	Telephone	Occupation	Length of Employment
Previous Employer	Spouse's Employer Name		Telephone

REFERENCES				
BANK INFORMATION				
Bank Name	Address		Account Number	Fax
CURRENT FUEL SUPPLIER				
Name	Address		Account Number	Telephone
PERSONAL REFERENCES (Please include minimum one family member)				
Name	Address	Relationship	Telephone	Mobile
Name	Address	Relationship	Telephone	Mobile
Name	Address	Relationship	Telephone	Mobile

CREDIT INFORMATION			
CREDITOR NAME AND ADDRESS			
Name	Address	Balance Owning	Monthly Payment
		\$	\$
Name	Address	Balance Owning	Monthly Payment
		\$	\$
Name	Address	Balance Owning	Monthly Payment
		\$	\$
Name	Address	Balance Owning	Monthly Payment
		\$	\$

ACCOUNT INFORMATION					
Estimated Monthly Purchases	\$	Credit Limit Required	\$	AFFDA Number	Off Road Number
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		

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)/copurchasers and will be personally responsible jointly and severally with the corporate customer 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 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, 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: _____