



8191 Flying Dust First Nation  
 Meadow Lake, SK, S9X 1T8  
 +1(306)236-6177  
 www.polaroils.com

## CREDIT APPLICATION

<b>BUSINESS ACCOUNT APPLICANT</b>			
Indicate Business Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
LEGAL BUSINESS NAME			
BILLING ADDRESS	CITY	POSTAL CODE	
YEARS IN BUSINESS	FEDERAL BUSINESS NUMBER		
<b>OWNERS/OFFICERS</b>			
NAME	TITLE	SIN	PHONE #
NAME	TITLE	SIN	PHONE #
NAME	TITLE	SIN	PHONE #
NAME	TITLE	SIN	PHONE #
<b>ACCOUNTS PAYABLE CONTACT</b>			
NAME	PHONE #	EMAIL ADDRESS	

<b>BANKING INFORMATION</b>			
BANK NAME	BRANCH #	CONTACT NAME	ACCOUNT #
ADDRESS/CITY			PHONE #



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TRADE REFERENCES		
<b>COMPANY NAME</b>	ADDRESS/CITY	
PHONE #	EMAIL ADRESSS	CONTACT NAME

<b>COMPANY NAME</b>	ADDRESS/CITY	
PHONE #	EMAIL ADRESSS	CONTACT NAME

<b>COMPANY NAME</b>	ADDRESS/CITY	
PHONE #	EMAIL ADRESSS	CONTACT NAME

**ACCOUNT AGREEMENT**

The information set forth in the account application is for the purpose of obtaining credit and is warranted to be true. I (We) hereby authorise Polar Oils to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship. I hereby authorize and retain Polar Oils Ltd. To supply petroleum and other goods and services as requested by me from time to time.

**CREDIT TERMS**

All invoices are due in full as the terms indicated on the invoice. A service charge of two percent (2%) per month, or 24% per annum may be assessed on delinquent invoices. Should there be any issue with the invoice, I agree to advise Polar Oils Ltd. Within thirty (30) days from the date of the invoice. Polar Oils reserves the right to change the credit terms at any time. I acknowledge that Polar Oils reserves the right to refuse to provide goods and services to clients whose accounts are in arrears.



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**ATTORNEY FEES AND COST**

In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the Individual or Business Account Applicant agree to pay all reasonable attorneys' fees, and/or costs of collection whether or not suit is filed.

**PERSONAL GUARANTEE**

In consideration of Polar Oils Ltd. Agreeing to supply goods and services to the Client on credit, I hereby guarantee (in my personal capacity) to pay all monies due and owing to Polar Oils Ltd. By the client, inclusive of all interest charges.

Name (Printed)	Position/Title
Signature	Date (dd/mm/yy)

**AUTHORIZATION FOR AUTOMATIC ACCOUNT DEBITS BY ELECTRONIC FUNDS TRANSFER**

I (We) hereby authorize Polar Oils LTD. To initiate reoccurring variable debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) bank account indicated below and the financial institution named below, to debit and/or credit the same to such account. **I (We) understand there shall be a \$25.00 charge for any insufficient fund transaction and a daily \$25.00 charge for each day I ask that my draft be delayed.**

<b>BANK INFORMATION FOR AUTOMATIC ACCOUNT DEBITS</b>			
Indicate which Account type: Chequing Account _____		Savings Account: _____	
FINANCIAL INSTITUTION		BRANCH	
ADDRESS	CITY	PROVINCE	POSTAL CODE
BRANCH	TRANSIT	ACCOUNT	



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I (We) understand the transaction date will be consistent with my (our) current terms for bulk deliveries and all other purchases. I (We) understand that this serves as my (our) only notifications about any entries made to my (our) bank account indicated above. This authority is to remain in full force and

effect until Polar Oils Ltd. Has received **written notification** from me (or either of us) of its termination in such time and in such a manner as to afford Polar Oils Ltd. And the financial institution named above a reasonable opportunity to act on it. I (We) further understand that should my (our) account become delinquent, Polar Oils Ltd. has the right to refuse service and/or deliveries without notification. Any unpaid balance will accrue interest at the rate of 2% per month. I (We) agree that if it is necessary for collection action or court action to be taken in the case of an unpaid bill, I (we) will pay all accrued collection, court, and lawyer fees.

**ALL BLANK VOID CHEQUES MUST ACCOMPANY THIS APPLICATION. DEPOSIT SLIPS CANNOT BE ACCEPTED. ALL FIELDS MUST BE FILLED IN. INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

PHONE #	DATE (dd/mm/yy)	EMAIL ADDRESS
NAME		SIGNATURE

PHONE #	DATE (dd/mm/yy)	EMAIL ADDRESS
NAME		SIGNATURE