



Canada's premier fuel management program

## Petro-Canada SuperPass™ Business Credit Card Application

| PLEASE TELL US ABOUT YOUR BUSINESS                        |                |  |                  |                  |  | Petro-Canada Outlet Number         |   |  |
|---|----------------|--|------------------|------------------|--|------------------------------------|---|--|
| State Full Company Name / Registered Business Name        |                |  |                  | Telephone Number |  | Designated Fax Number              |   |  |
| Suite / Unit No.  | Street Address |  |                  | City             |  | Province                           | Postal Code   |  |
| Subsidiary of   |                | Doing Business as  |                  |                  | Number of years / months in business i.e. 3 years 2 months                             |                                    |   |  |
| Type of Business  |                | Legal Status   |                  |                  | Partnership  |                                    |   |  |
|   |                | <input type="checkbox"/> Corporation <input type="checkbox"/> Individual Proprietorship (owner operator) <i>please provide below owner(s) name and SIN</i> |                  |                  | <input type="checkbox"/> Partnership <i>please provide below owner(s) name and SIN</i> |                                    |   |  |
| Name of Person to Receive Product Updates / Fleet Manager |                |  | Position / Title | E-mail Address   |  |                                    | Language Preference   |  |
|   |                |  |                  |                  |  |                                    | <input type="checkbox"/> English<br><input type="checkbox"/> French |  |
| Name of Person to Receive Statements                      |                |  | Position / Title | E-mail Address   |  |                                    |   |  |
|   |                |  |                  |                  |  |                                    |   |  |
| Owner(s) / Partner(s) Name and Residential Address        |                |  |                  |                  |  | Social Insurance Number (optional) |   |  |
|   |                |  |                  |                  |  |                                    |   |  |

| PLEASE GIVE US SOME REFERENCES   |                  |
|--|------------------|
| Bank / Trust Company / Credit Union Name and Branch Address                          | Account Number   |
| Other Petro-Canada Account Names   | Account Number   |
| Current Fuel Supplier  | Account Number   |
| <b>Credit References / Suppliers</b> <i>Please attach separate list if required.</i> |                  |
| Name   | Address          |
|  | Telephone Number |
|  | Account Number   |
| Name   | Address          |
|  | Telephone Number |
|  | Account Number   |

Financial statements are necessary for companies that require a line of credit of \$25,000 and greater. Please submit with this credit application. If information provided is not sufficient to approve this application, will an officer of this company provide a letter of credit or personal guarantee?  Yes  No

| PLEASE TELL US ABOUT YOUR FLEET                                   |  |  |                    |
|---|--|--|--------------------|
| Estimated Monthly Fuel Purchases at Petro-Canada Service Stations | Estimated Monthly Fuel Purchases at Petro-Canada Cardlocks in Canada | I have a heavy duty truck and require access to U.S. truck stops. Fees may apply. <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Note: Minimum requirement for U.S. account set up is \$1,000 per month.</i> | Number of Vehicles |

| PLEASE CHOOSE YOUR BILLING AND PAYMENT OPTIONS   |   |
|--|---|
| Statement Delivery <input type="checkbox"/> Internet <i>We will contact you to set up.</i> <input type="checkbox"/> Fax <input type="checkbox"/> Mail  | Statement Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <i>Statement delivery via Internet or fax. Internet Statement Delivery to be e-mailed to Person to Receive Statements. Faxed Statement Delivery - You must complete the Designated Fax Number above.</i> |
| Optional Payment Methods <i>We will contact you to set up.</i> <input type="checkbox"/> ABW (Automatic Bank Withdrawal) <input type="checkbox"/> EFT (Electronic Funds Transfer) via our secure SuperPass Online Services Website.<br><b>Note:</b> PC banking is also available via links to major financial institutions from our secure SuperPass Online Services Website. |   |

**Please sign below.** The undersigned request(s) a Petro-Canada credit card(s) and renewal(s) or replacements thereof from time to time, issued by Suncor Energy Products Partnership ("Suncor"). Use of the card(s) will constitute acceptance of the Petro-Canada SuperPass Business Cardholder Agreement (the 'Agreement'), a copy of which will be sent to the Customer with its credit card(s) upon approval of this Application. The Customer may charge fuel, goods and services to the credit card(s). Payment of the account must be made according to the general terms and conditions of the Agreement. The undersigned hereby certifies this information to be true and complete. The undersigned consent(s) to Suncor obtaining from, exchanging with or disclosing to other credit grantors and recognized credit bureaus any and all information concerning the undersigned, which may include a personal consumer report, for the purposes of ensuring the accuracy of this information, approving this application, conducting ongoing credit investigations, monitoring credit status and entering into and performing the Agreement. Applicant agrees that in the event the account is not paid as agreed, Card Issuer may report the undersigned's liability for and the status of the account to credit bureaus and others who may lawfully receive such information. The undersigned is authorized to make this application.

|                                    |                            |                                 |                     |
|------------------------------------|----------------------------|---------------------------------|---------------------|
| Applicant Name <i>Please print</i> | Applicant Position / Title | Applicant Signature<br><b>X</b> | Date<br>M M D D Y Y |
|------------------------------------|----------------------------|---------------------------------|---------------------|

| OFFICE USE ONLY          |      |        |        |                                   |                         |                     |            |    |  |
|--------------------------|------|--------|--------|-----------------------------------|-------------------------|---------------------|------------|----|--|
| Station / Site Number    | Reg. | Distr. | TM No. | Application Number                | Credit Line             | Adj.                | RS         | RV |  |
| Main Link Account Number |      |        |        | Date Appr. / Decl.<br>M M D D Y Y | Canadian Account Number | U.S. Account Number | Promo Code |    |  |

# Petro-Canada SuperPass™ Business Credit Card Application



State Full Company Name / Registered Business Name

## PLEASE CHOOSE YOUR BASIC CARD OPTIONS

|           |  |                                |  |                     |   |
|-----------|--|--------------------------------|--|---------------------|---|
| Card Type | <input type="checkbox"/> Driver-assigned Card<br><i>each driver keeps own card</i>         | Number of Cards<br>            | <input type="checkbox"/> Vehicle-assigned Card | Number of Cards<br> | <b>Note:</b> For added security all cards/drivers have a Personal Identification Number (PIN).<br><i>Please list driver names/vehicle number below.</i> |
|           | <input type="checkbox"/> Single Station Card<br><i>kept at retail service station only</i> | Retail Service Station Address |  |                     |   |

Complete below the information to be embossed on the second and third lines of your cards. Please attach a separate list if more than 5 cards are required. **Note: maximum 21 characters per line. This information will be used for assigning the PIN.**

| Card No. | Embossing Line 2 (e.g., Driver Name) | Embossing Line 3 (e.g., Vehicle Number) |
|----------|--------------------------------------|---|
| 001      |                                      |   |
| 002      |                                      |   |
| 003      |                                      |   |
| 004      |                                      |   |
| 005      |                                      |   |

## PLEASE COMPLETE THE FOLLOWING REGARDING YOUR COLOURED FUEL REQUIREMENTS

|                                   |                         |   |  |
|-----------------------------------|-------------------------|---|--|
| <input type="checkbox"/> Alberta  | TEFU / AFFB Number      | <input type="checkbox"/> Saskatchewan     | <i>Please provide a copy of your Fuel Tax Exemption Permit</i>           |
| <input type="checkbox"/> Manitoba | <i>Please state use</i> | <input type="checkbox"/> Ontario          | <i>Please state use</i>  |
|                                   |                         | <input type="checkbox"/> British Columbia | <i>Please provide a copy of your Coloured Fuel Account Certification</i> |

## PLEASE CHOOSE YOUR ADDITIONAL CARD AND SERVICES OPTIONS

- Customize my SuperPass cards with my company logo.  
*Note: Fees will apply. We will contact you to arrange. We will require a PC compatible file of your company logo.*
- Record odometer reading at time of purchase (*Note: ODO can only be added at the time of card creation*)
- Yes! Please call me to further customize my cards and account with one or more of the following free optional features:**
- variable access to retail service stations (e.g., by province/network of sites, etc...)
  - purchase restrictions on card(s) – any combination of time of day, day of week
  - product purchase access/limits – any combination of gasoline, diesel, propane, oil, lubricants
  - fuel purchase volume limits by day/week/month
  - non-fuel products and services access/limits – vehicle services, automotive accessories, weigh scales, convenience items, food, tobacco, etc...
  - non-fuel dollar purchase limits by transaction/day/week/month
  - U.S. truck stop network access with choice of billing in Canadian or U.S. funds\*
- Yes! Please call me with more information about one or more of the following SuperPass Online Services options:**
- Internet statement delivery
  - Internet card maintenance
  - Electronic Funds Transfer/PC banking
  - Internet report generating\*
- \*Fees may apply*

### OFFICE USE ONLY

|                |            |
|----------------|------------|
| Account Number | A/R Number |
|                |            |

**Fax to 1-800-268-4415**

Print Form