



Monarch Oil (Kitchener) Ltd.
 Industrial - Automotive - Commercial
 Established 1912



**- CONFIDENTIAL -
 APPLICATION FOR CREDIT**

For the purpose of obtaining merchandise on credit, the following statement in writing is made by the applicant. All information supplied is true and correct. Applicant authorizes our Company to contact all references given and inquire as to applicant's credit history. Upon the approval of this application, applicant agrees to abide by the terms and conditions of sale as outlined in the Statement of Sales Policy. Applicant further agrees to notify us in writing within five days of any change of ownership, address, or other facts set forth below.

Please fill in all the spaces. Incomplete applications will not be considered. Please print or type.

1. General Information:

Name of applicant or legal name of firm:

Name of parent company if subsidiary:

Principal business address:

Street: _____ City: _____

Province: _____ Phone: () _____

Fax: () _____ E-Mail: _____

World Wide Web Address: _____

Mailing Address: _____ Postal code: _____

Type of Business (Retail, Wholesale or other – Please describe):

DISTRIBUTORS OF PETROLEUM PRODUCTS SINCE 1912

P.O. Box 653, 808 Victoria St. North, Kitchener, Ont. N2G 4B6 Ph: (519) 743-8241 Toll Free 1-800-268-OILS

Fax: (519) 743-9802 Email: service@monarchoil.com Website: www.monarchoil.com



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Type of products or service sold (Please describe):

At present location since (date):

Is the Business incorporated? _____ If yes, date of incorporation: _____

Do you own or lease your principal place of business? _____

Leased from: _____

Names, home addresses and phones of Principal(s) or Owner(s), sole proprietorship or partnership:

Name	Address	Home Phone
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

Are you a member of the Credit Bureau or other? _____

Have you ever been denied credit? _____ If yes, attach explanation.

Have you ever declared bankruptcy or have you been a party to any bankruptcy proceedings?

If yes, please elaborate: _____

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II. References:

A. Bank: _____ Address: _____
 Phone: () _____ Fax: () _____
 Person to Contact: _____
 Account Name: _____ Account No: _____

B. Present Supplier for the products you wish to order from Monarch Oil:

 City: _____ Prov: _____ Phone: () _____
 Fax: () _____

C. Other Trade References (two required; four preferred.)
 (Give only those **principal** Suppliers from whom you buy on **open** account)

Name: _____
 City: _____ Prov: _____ Phone: () _____
 Fax: () _____

Name: _____
 City: _____ Prov: _____ Phone: () _____
 Fax: () _____

Name: _____
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III: Credit Requirements:

What do you approximate your monthly credit requirement from us? \$ _____

Please list all authorized purchasing agents:

- 1. _____ 2. _____
- 3. _____ 4. _____

IV: Statement of Sales Policy:

Terms are NET 15th OF MONTH FOLLOWING PURCHASE. The undersigned agrees to honor these terms and is aware that credit privileges may be disrupted for non-performance. Reinstatement of these privileges will be subject to re-evaluation of customers credit history. The undersigned also agrees to pay service charges at the rate of 2% per month on overdue accounts.

Date: _____ 20____.

(Company)

(Signature owner(s))

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