



To ensure prompt processing, please print carefully and provide all information requested.

To apply for your **Corporate Gas King Charge Card**, simply complete the form below and mail it to our Head Office or leave it at one of our locations for forwarding to our credit department. Once we have processed your information, a credit representative will contact you to customize your new account. Please allow approximately 5 business days for a response to your application.

# Charge Card Application

The Corporate Way to Go!

**Please print.** If you require an account in your personal name please refer to our Personal Charge Card Application. This application is also available to be printed from gasking.com.

<b>Applicant</b>	Legal name	Business name / Operating as		
	Address		City	Province      Postal code
	Telephone	Facsimile	E-mail	
	(    )	(    )		
	Accounts payable contact name	Charge card inquires contact name	Company controlled by / Affiliated with	
Legal status	Time in business			
Public corporation <input type="checkbox"/> Private corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Government <input type="checkbox"/>	Years	Months		
Type of business				

<b>Owners/ Directors</b>	Name	Address (Residence)	Title
	1.		
	2.		
	3.		

<b>Credit References</b>	Name of creditor	Address	Telephone	Account number
	1.			
	2.			
	3.			
	Name of current fuel supplier			

<b>Financial Institution</b>	Bank name	Account number
	Address	
	Telephone	
	Bank name	Account number
Address		Telephone

<b>Agreement</b>	I agree that Gas King Oil Co. Ltd. may make the usual credit enquiries in connection with the application and authorize the exchange of credit information. I certify that the information contained on this application is true and correct. The undersigned requests Gas King Charge Cards and renewals or replacements thereof from time to time. I will review the terms and conditions of the Gas King Cardholder Agreement which will accompany the credit acceptance letter and understand that my use of the card will constitute acceptance of those terms and conditions.			
	Date	Signature of applicant	Name of applicant	Title
	Mo    Day    Year			