



# Transit Petroleum

5 Hill Street, Kitchener, Ontario. N2H 5T4

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Fax: 519-579-8920

Contact: [sales@transitpetroleum.com](mailto:sales@transitpetroleum.com)

[www.transitpetroleum.com](http://www.transitpetroleum.com)

## INVOICE TO:

Company Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Type:    Corporation    Partnership    Proprietorship

## DELIVER TO LOCATION (IF DIFFERENT):

\_\_\_\_\_

\_\_\_\_\_

Type of Business: \_\_\_\_\_

Year Established: \_\_\_\_\_

Website: \_\_\_\_\_

**PAYABLES CONTACT:** Name: \_\_\_\_\_

Email: \_\_\_\_\_

Please send invoice by:        Email        Mail

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

I would like to receive special offers and information from Transit Petroleum

## NAME PRINCIPAL(S), PARTNER(S) OR PROPRIETOR(S):

Name 1: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name 2: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Social Insurance \_\_\_\_\_

Number: or Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Insurance \_\_\_\_\_

Number: or Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

## BANKING INFORMATION

We authorize the bank listed to release the requested information for the purpose of obtaining an open line of credit.

Bank: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_

Account #: \_\_\_\_\_

## TRADE REFERENCES:

Address/ City:

Telephone or Fax:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PAYMENT OPTIONS:

(choose one only)

1)

E.F.T. Payment    Online Banking    Cheque  
Payment due within 10 days of invoice date

2)

Pre-Authorized Debit Payment \*upon receipt of form signed by officer of business.

The undersigned authorizes you to obtain from or disclose any information pertaining to the credit standing of the company or related affiliations or principals and further authorizes the right of offset against any accounts due from your related companies. Accounts not paid by due date are subject to an interest charge from date of maturity at the rate of 1.5% per month (19.56% per annum) as shown on invoices. Transit Petroleum reserves the right to change credit terms and payment option.

**THIS AGREEMENT MAY BE EXECUTED BY ELECTRONIC SIGNATURE. BY SIGNING YOUR NAME ON THE LINE BELOW SHALL CONSTITUTE A LEGAL AND BINDING ELECTRONIC SIGNATURE AND SHALL BE EFFECTIVE FOR ALL PURPOSES WHEN SO SIGNED.**

## CLIENT SIGNATURE:

\_\_\_\_\_

Authorized Signing Officer

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Client Name (print): \_\_\_\_\_

Credit line desired: \$ \_\_\_\_\_

Please refer to and initial the Terms and Conditions on Page 2



1. Agents or representatives of credit grantor are not authorized to change or adjust credit terms without written authorization of the Credit Manager, CEO or President.
2. Accounts not paid by due date are subject to an interest charge from due date at the rate of 1.5% per month (19.56% per annum) as shown on invoices.
3. All claims against invoices must be made within 30 days after receipt of goods. Goods may not be returned without prior authorization of (credit grantor).
4. Goods/merchandise authorized for return will be subject to a minimum 15% restocking charge.
5. NSF cheques will be subject to a \$ 25.00 charge.
6. Failure to comply with these Terms and Conditions may result in cancellation of credit privileges without notice. In the event of any default, the (credit grantor) may (a) close the account and/or (b) accelerate payment of the full balance (c) assign the account to an agent or other authorized representative for collection.
7. Applicant agrees to bear all costs incurred in collecting any unpaid amounts including but not limited to collection suit fees, legal fees and court costs.
8. The information given in this Application and agreement is warranted to be true and correct and given for the purpose of obtaining credit.
9. The applicant consents to the obtaining of credit and/or personal information as may be required in connection with the credit line hereby applied for or any renewal or extension thereof and to the disclosure of any trade information concerning the applicant to any credit reporting agency or to any person with whom the applicant has or proposes to have financial relations.
10. Upon determination that the customer's creditworthiness has changed adversely or does not satisfy current credit standards, (credit grantor) may close or lower the credit limit of the account.

OFFICE USE ONLY:

 \_\_\_\_\_  
**Client Initials**
**Credit Dept:**

Sales Rep#: \_\_\_\_\_ Cl: \_\_\_\_\_ Pl: \_\_\_\_\_ RCODE: \_\_\_\_\_

 Collector#: \_\_\_\_\_ Auth.: \_\_\_\_\_ LIMIT \$: \_\_\_\_\_  
Analyst Cr. Manager

Statement: \_\_\_\_\_ Fin. Chg.: \_\_\_\_\_ Invoice:    Mail    Email    Fax    Daily Vol. Limit \$: \_\_\_\_\_

**Notes:** \_\_\_\_\_

## PRE-AUTHORIZED DEBIT AGREEMENT (FMS) Transit Petroleum Inc. (Transit™)

ACCOUNT # \_\_\_\_\_

I/we authorize Transit Petroleum 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 weekly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Transit Petroleum account(s). Regular weekly payments for the full amount of invoices, delivery date or date of services will be debited to my/our specified account on date of invoice, service date or delivery date of product each week. Transit Petroleum will provide an invoice or delivery tickets as the 10 days written notice of the amount of each weekly debit. Transit Petroleum will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Transit Petroleum has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

Transit Petroleum may not assign this authorization whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD 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](http://www.cdnpay.ca)

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**PLEASE PRINT**

**DATE:** \_\_\_\_\_

Name(s): \_\_\_\_\_

**Transit Petroleum. Acct Number:** \_\_\_\_\_ **Type of Service:**      Personal      Business

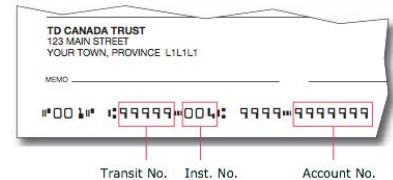
Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number (Bus.): \_\_\_\_\_ (Res.): \_\_\_\_\_

**Financial Institution (FI):** \_\_\_\_\_

Transit No. \_\_\_\_\_ Inst. No. \_\_\_\_\_ Account No. \_\_\_\_\_  
4-5 digits                      3 digits                      7 digits



OR SUPPLY A COPY OF A "VOID" CHEQUE.

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

**Transit Petroleum**  
 5 Hill Street  
 Kitchener, ON N2H 5T4  
 Tel: (519)-579-5330 Fax:  
 (519) 579-2531