

HUSKY ROUTE COMMANDER CARDLOCK APPLICATION FORM



Husky Oil Marketing Company A Division of Husky Oil Limited

For office use only	
___ CB	_____
___ PERS	_____
___ BNK	_____
___ UPDATE	_____
N/A	_____
APPR	_____
ACCOUNT #	_____

Business Information

Registered Company

Registered Company Name: _____ Operating as: _____
 Head Office Address: _____
 City/Town: _____ Prov: _____ Postal Code: _____ Contact Person: _____
 Business Fax: (_____) _____ Business Phone: (_____) _____ Cell Phone: (_____) _____
 Email: _____
 If a subsidiary, please state parent corporation: _____

Type of business: _____ Number of years in business: _____

Partnership Proprietorship Corporation

Name of Principals/Officers/Partners	Title	Home Address	S.I.N. (optional)
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Sole Proprietorship

Full Name: _____ S.I.N. (optional) _____
 Date of Birth: _____ Married Single Rent Own Monthly Rent of Mortgage \$ _____ Gross Monthly Income \$ _____
 Address: _____
 Business Fax: (_____) _____ Business Phone: (_____) _____ Cell Phone: (_____) _____
 E-mail: _____
 Present Employer _____
 Business Address: _____ Tel.No.: (_____) _____

Credit Information

Current Fuel Supplier: _____ Account Number: _____ Phone #: _____
 Current Fuel Supplier: _____ Account Number: _____ Phone #: _____
 Reference _____ Account Number: _____ Phone #: _____
 Reference _____ Account Number: _____ Phone #: _____
 Bank: _____ Branch address _____
 Account Number (required): _____ Bank Contact _____ Phone #: _____
 Have you another account with Husky? If so specify account number: _____
 Current Financial Statements and/or some form of security may be required

The undersigned (i) certify the information completed herein to be true and correct; (ii) request a Route Commander Cardlock card and renewal or replacement thereof from time to time; (iii) agree to be bound by the terms and conditions of the Route Commander Cardlock Agreement (the "Cardlock Agreement") which will accompany the Cards when issued; (iv) consent to Husky Oil Marketing Company – A Division of Husky Oil Limited ("Husky") obtaining from, exchanging with, or disclosing to third parties any and all information concerning the Applicant, (and the authorizing officer for a Company account if applicable), for the purpose of verifying the accuracy of this application, assessing

financial status and credit worthiness, and to allow Husky and its affiliates to participate in financing activities, such as receivable sales or securitization; (v) understand that the Cards may be returned to Husky if we do not wish to be bound by the Cardlock Agreement, but retention or use shall constitute acceptance of the terms and conditions of the Cardlock Agreement; and (vi) agree that the Applicant (and the Company is applicable) will also be liable jointly and severally with the Applicant (and Company if applicable) for all charges and indebtedness incurred through use of a Card Issued to the Co-Applicant.

Applicant's Signature _____ Position _____

Applicant's Signature _____ Position _____

Date (M/D/Y) _____



Husky & Mohawk

Husky Route Commander Cardlock Application Form

*Saving you time, money
and paperwork*



Name of Registered Company or Sole Proprietorship: _____

Husky Route Commander Cardlock Card Requirements — For more information, visit our Website www.myHusky.ca

Name of registered company or sole proprietorship _____

Number of cards required: _____

Unit numbers can be imprinted on cards. If you desire unit numbers please indicate these below:

Unit Numbers 1. _____ 2. _____ 3. _____ 4. _____

If you require additional unit numbers, please attach a separate list.

All Cards are PIN protected.

Prompts

Unit number Yes No

Odometer Yes No

Cards are valid for all below-noted products unless marked otherwise.

Products Required Diesel Gas Lubricants

Marked Products (Provincial Regulations apply, provide Registration Number & Fuel Tax Exemption Certificate) _____

Estimated Monthly Purchases \$ _____ Litres _____

Online customer access system contact information for set up required:

Contact Name _____ E-mail _____

Note: Route Commander cards can only be used at Husky Route Commander locations and can be activated for Eastern Canada & US affiliates.

Visit www.myHusky.ca for the locations directory.

Invoicing and Billing Requirements

Accounts Payable Contact Name: _____

Phone: (_____) _____

E-mail: _____

Invoicing (one choice only):

E-mail: _____

Fax: (_____) _____

Mail: _____

Note: Purchases will be invoiced weekly. Electronic Funds Transfer (EFT) payment terms to be established upon completion of the credit review process.

Ultramar Access Yes No

Do you require access in Eastern Canada transactions at Irving? Yes No

U.S. Transactions

Do you wish to use your fuel card in the United States? Yes No Signature _____

Indicate Invoicing Options E-mail _____ Fax _____

Husky has affiliations with various strategically located fuel outlets (primarily Travel Centers) throughout the United States. **Purchases made in the United States will be billed weekly with 10 day terms and are subject to a per-transaction fee.** Please note that this is subject to change without notice.

Please mail the completed application to Husky Oil Marketing, Attention Credit Card Department, Box 6525 Station D, Calgary, AB T2P 3G7 or fax to (403) 298-6178, or e-mail to credit.department@huskyenergy.com.

If you require further information, please call 1-800-661-9166 option#3.