Canadian Tire Fuel & Maintenance Essence & Entretien

* indicates a required field.

Signer's Title*

Mr. Ms. Mrs. Miss Dr.

Signature*

CANADIAN TIRE FLEET MANAGEMENT Card Application

Apply online: canadiantire.ca/fleetmanagement

Date*

SOURCE: Gas+ location (______) Web Search Trade Publication Local BIA 1-877-728-8677

BUSINESS INFORMATION															
Legal Business Name*							Doing Business As								
First Name*	Last Name*				Email*									Financial Statement Available*	
Jusiness Street Address*					2	2						How long at current address?* YearsMonths			
City* Province*			*	Postal Code*			Business Phone*			Business Fax			I		
BILLING INFORMATION															
Billing Contact First and Last Names															
3illing Email				В		Bill			ling Fax				Billing Address same as Business Address		
Street Address				Address Li					City F			Province	Postal Code		
BUSINESS INFORMATION GST / HST Number* Stimated Monthly Fuel and Service Expenses* Number of Cards Requested*															
GST / HST Number* Estimated Monthly I \$			d Monthly Fi	Fuel and Service Expenses* Number of Cards Requested*											
Corporation Government Non Profit				ears: OR Less than 12 months											
BANK INFORMATION															
Please provide the following Bank and A	Account inforn	nation for t	he primary	/ Financia	l Institution	used b	y your b	ousiness. This in	formatio	on will be u	ised for Pr	e-Autho	rized Debit	payments (PAD).	
Bank Name*					Bank	Bank Account Number*			Name on			Bank Account*			
Street Address			В	ank Transit	*			Bank Phone N	Number*			Bank Fa	x Number*		
City	Province	Postal Code	I												
COMMERCIAL CREDIT REFEREN Please provide the two Trade Reference		nany belo	M												
CREDIT REFERENCE 1	s for your con	ipully belo													
Commercial Name*		First	Name*				La	ast Name*				Phone	9 [*]		
Address*				Address L	ine 2				City*				Province*	Postal Code*	
CREDIT REFERENCE 2												1		<u></u>	
ommercial Name* First Name*						Last Name*			Phone*			9 [*]			
Address*				Address L	ine 2				City*				Province*	Postal Code*	
PERSONAL CREDIT INFORMATI	ON														
In order to process your application, we	will need to a										n as Presid	ent/Cha	irman, Part	ner, Vice President,	
Owner or Treasurer/Financial Officer. The Personal credit history of the pers First Name* Last Name*								5			Date of Birth* Phone			*	
me Address*				Address Line 2						City*			Province* Postal Code*		
TERMS AND CONDITIONS															
The Customer applies to Foss National (the "Cardholder Information") provided															
Management Card. Pursuant to the Canadian Tire Fleet Management Card, the Customer may charge goods and services up to the credit limit set by Foss and must pay the full balance as shown on each monthly billing statement, according to the general terms and conditions of the agreement (the "Cardholder Agreement") relating to the Canadian Tire Fleet Management Card, a copy of which will be sent to the Customer with its credit card upon approval of this Application: and upon approval of this Application, the Customer agrees with Foss to abide by and be bound by the terms and															
conditions set out in the Agreement. By signing this Application the Custome									-			-		-	
all applicable laws; (b) all purchases ma Application is an authorized representat	de on the Acc tive of the bus	ount, if app iness with a	proved, wil authority t	ll be for b o enter in	usiness purp to contractu	ooses a al agre	nd shall eements	not include pe ; and (d) the Ca	rsonal, f rdholde	amily, or h r Informati	ousehold on is com	use; (c) t olete an	he individu d accurate.	al signing the Foss will, from	
time to time, (i) use or disclose the Carc reports from credit reporting agencies a third party as part of a transfer of all or	ind to contact	credit refe	rences and	d other so	ources disclo	sed he	rein as p	part of its assess	sment o	the Inform	nation; an	d (ii) may	/ transfer th	e Information to a	
providers who process the Information of Privacy Policy at fossnational.com/priva	only in further	ance of the	Purposes												
The Customer consents to Foss' use of Card, once approved, will be extended															
All Applicants are deemed to be author made by the Customer.	ized signatori	es of the Ci	ustomer ar	nd acknov	wledge and a	agree t	that they	/ are responsibl	e for all	purchases	on the Ca	nadian 1	Fire Fleet N	lanagement Card	
AUTHORIZED SIGNATURE															
Note: By submitting this form, the appli is accepted, for the subsequent handlin and at any time in the future, any and al	g of the appli	cant's client	t file (credi	it-billing-c	collection). F	or the	se purpo	oses, the applic	ant auth	orizes Foss	s National	Leasing	Ltd. (Foss)	to carry out, now	
personal information regarding the app to any credit reporting agency, person o	licant. The app or firm with wh	plicant furth nom the app	nermore ag olicant has	grees that s or did ha	t Foss may p ave financial	rovide relatio	access ns. The	to and commur applicant hereb	nicate pe by agree	ersonal info s to promp	ormation c otly inform	ontained Foss of	d in the app any change	licant's client file with respect	
to the personal information provided he be bound by the terms and conditions g participating retailers. The personal info	governing the	use of Can	adian Tire	Fleet Ma	nagement C	ard iss	ued fror	n time to time l	by Foss	for any and	d all purch	ases ma	de with the	card(s) at all	
a client file will be held at Foss' offices s of access to the personal information co	situated at 125 ontained in the	5 Commerc eir file and a	e Valley D a right of r	rive W. Su rectificatio	uite 801, Ma	rkham	Ontario	L3T 7W4. The	applicar	t acknowle	edges and	underst	ands that h	e/she has a right	
proprietorship and confirms that these of By signing this application I give permis					ions										
Signer's First Name*		Signe	Signer's Phone*			Signer's Email*									