



APPLICATION FOR CREDIT

NAME OF ACCOUNT: _____

ADDRESS: _____ CITY: _____

TELEPHONE NUMBER: _____ POSTAL CODE: _____

PRINCIPALS OR PARTNERS:

NAME: _____ S.I.N: _____

ADDRESS: _____ CITY: _____

NAME: _____ S.I.N: _____

ADDRESS: _____ CITY: _____

REGISTERED NAME OF COMPANY: _____

REGISTERED OFFICE: _____

BANK: _____ BRANCH: _____

NATURE OF BUSINESS: _____

CREDIT REFERENCES:

1. _____ ADDRESS: _____ CREDIT: _____

2. _____ ADDRESS: _____ CREDIT: _____

3. _____ ADDRESS: _____ CREDIT: _____

CURRENT CREDIT OBLIGATIONS:

NAME & ADDRESS	ACCOUNT NUMBER
BANK: _____	_____

HOW LONG HAVE YOU BEEN OPERATING IN PRESENT NAME? _____

DO YOU OPERATE ANY OTHER BUSINESS? _____

NAME OF PERSON TO CONTACT REGARDING PAYMENT: _____

MASTERCARD/VISA #: _____ EXPIRY: _____

If this account should become in arrears, I hereby authorize GTI Petroleum to charge any amount over 30 days to my MasterCard or Visa account.

AUTHORIZED SIGNATURE: _____

Terms are net 10th, of the month following. 2% per month will be charged on all past due accounts.

I certify that the information on this application is correct. If this application is accepted and an account is issued, I agree to accept the terms and conditions accompanying the account.

The undersigned consents to the conduct of a consumer investigation by a consumer reporting agency and that information concerning my account may be disclosed to other credit grantors or to reporting agencies.

DATE: _____ APPLICANT'S SIGNATURE: _____