FCL COMMERCIAL FUEL ACCOUNT APPLICATION

orm 900 (Rev October 2017) | Item #3936

Name of Applicant (as it is to appe	ear on the card)				Telephone ()
Trade Name/Business Name (if)
Address						Postal Code
Email Address				🗖 You may	contact me abou	ut this application and account by ema
Accounts Payable Contact					Phone ()	
2. Company Information						
Nature of Business				Annual Sales \$		
Check one box:	oration	Proprietorship	GST Regis	stration Number		
Length of Time in Business	Years Incor	rporation Date	Province	of Registration		
If a subsidiary, branch or di	vision, please state Parent	Corporation				
Name						
Address		City, Town or Village_		Province		Postal Code
Company Officers, Partners	or Proprietors			Partner or Prop	rietor only	
Name		Title		Name Address		Date of Birth
						
3. References						
Financial Institution	City	F	Province Fax		Transit#	Account#
Name			().			#
Trade Supplier Name					Have vou ever o	one through bankruptcy? ☐ Yes ☐ No
Trade Supplier Name					, ,	have or have you previously had
Trade Supplier Name						Federated Co-operatives Limited?
					☐ Yes Please indi	cate account number N
4. Credit Limit						
Credit Limit Requested (based of monthly statement. A late paym	nent charge of 24% (26.82% e	ffective rate) will be char	ged on any portion o	at purchases made of the account not pa	n this account ar	e payable in full on receipt of the from statement date.
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Please complete all required information, including fax numbers. Please print neatly. Incomplete or unqualified applications will not receive a response.

To Mail Application:
CREDIT DEPARTMENT
FEDERATED CO-OPERATIVES LTD.
PO BOX 1050 STN MAIN
SASKATOON SK S7K 3M9

To Email Application:
applyforcredit@fcl.crs

