



Commercial 30 Day Credit Account Application Form

To sign up for our 30 day credit account, print and complete this form then drop it off to one of our office locations, fax it to **902.367.2459** or simply apply online at **www.feasiblefuels.ca**

Charlottetown | 425 Mt Edward Rd. | 902.940.5140

Montague | 500 Main St. | 902.361.5140

Company Information

Company name _____	Tax ID number _____	In business since (year) _____	Legal form: Corporation Partnership Proprietorship Other _____
Type of business _____	Company phone number _____	Parent company (if applicable) _____	
Street _____	City / Town _____	Province _____	Postal Code _____

Contact Information

First name _____	Last name _____	Middle initial _____	Position title _____
Contact phone number _____	Email address _____	Subscribe to e-billing: Yes _____ No _____	

Billing Address (if different from Company address)

Street _____	City / Town _____	Province _____	Postal Code _____
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Delivery Address (if different from Company address)

Street _____	City / Town _____	Postal Code _____
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Trade References (please provide two references)

Company name _____	Company phone number _____	Company address _____	Contact person name _____
Company name _____	Company phone number _____	Company address _____	Contact person name _____

Delivery Information

Delivery type: _____	Tank capacity: _____	Tank location: _____	Equipment: (Check all that apply)
Automatic _____	_____ in Litres _____	Inside _____	Furnace _____ Fishing boat _____
Order when needed _____	_____ in Gallons _____	Outside _____	Water heater _____ Other _____
			Farm equipment _____

How did you hear about Feasible Fuels?

TV _____	Radio _____	Newspaper _____	Social Media _____	Online Search _____	Recommendation _____	Friend _____	Other _____
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I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. As a credit approved customer I agree to pay all balances within 30 days from statement date, any late payments will be subject to 2% interest charges per month. A 300 Litre minimum delivery is required.

I have read and agree to the terms and conditions stated above.

Customer Signature _____

Date _____