



**1670747 Ontario Inc.**  
 720 Hewitson St  
 Thunder Bay, ON P7B 5Z1  
 PH: (807) 623-3996  
 FAX: (807) 622-1162

## CREDIT APPLICATION

### CONTACT INFORMATION

Name (in full):			
Company/Operating Name:			
Type of Business:		Date Est:	SIN:
Address:			
City:		Prov:	Postal Code:
Phone:		Fax:	E-mail:
Cardlock: <i>(# of cards req.)</i>		Heating Oil:	On-Site Bulk Fuel Delivery:
Date business Established:		Credit Line Requested:	
Sole proprietorship:	Partnership:	Corporation:	Individual:

### CREDIT INFORMATION

Bank name:		Bank Contact:	
Bank address:		Phone:	
City:		Prov:	Postal Code:
Place of Employment/Contact:			
Phone & Fax Number:			
Years Employed:			
Previous Employer:			

### SUPPLIERS/REFERENCES

Company name:			
Address:			
City:		Prov:	Postal Code:
Phone:		Fax:	E-mail:
Company name:			
Address:			
City:		Prov:	Postal Code:
Phone:		Fax:	E-mail:
Name:			
Address:			
City:		Prov:	Postal Code:
Phone:		Fax:	E-mail:

### AGREEMENT

I/We hereby apply for credit with 1670747 Ontario Inc. OA Mastrangelo Fuels and agree to be jointly and sever ably liable for any and all amounts charged to this account. I/We agree that in the event that credit is extended, I/We will pay all amounts owing within 30 days of invoice date. I/We agree to pay interest on any overdue amounts at the rate of 2% per month, compounded monthly, equivalent to 26.8% per annum. Mastrangelo Fuels may, in its' sole discretion, at any time, without notice, reduce or cancel the credit made available to me/us. I/We hereby agree that in the event of default of the terms of payment of this account, Mastrangelo Fuels may recover all reasonable legal & administrative expenses incurred in recovering the outstanding indebtedness. I/We authorize you to obtain financial disclosure regarding me/us and a copy of this application shall be sufficient authority for the release of such information.

### SIGNATURES

Sign: _____	Date: _____	Sign: _____	Date: _____
-------------	-------------	-------------	-------------



### ACCOUNTS PERSONAL GUARANTEE

In consideration of, **1670747 Ontario Inc., o/a Mastrangelo Fuels** extending credit pursuant to this application.

I/we hereby personally guarantee the due payment of all present and future indebtedness of the applicant(s) \_\_\_\_\_ to **1670747 Ontario Inc. O/A Mastrangelo Fuels.** (company)

Name: \_\_\_\_\_ WITNESS \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ WITNESS \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

#### *Assignment of Book Debts and Direction*

I \_\_\_\_\_ hereby grant to **1670747 Ontario Inc o/a Mastrangelo Fuels** a security interest by way of pledge or assignment, of all book debts and accounts receivable, to secure payment of all debts owing to **1670747 Ontario Inc o/a Mastrangelo Fuels**, direct and indirect, present and future, and irrevocably directs and authorizes payment of any and all debts, present and future, to **1670747 Ontario Inc. o/a Mastrangelo Fuels.**

COMPANY NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATED: \_\_\_\_\_



**ELECTRONICS FUNDS TRANSFER PAYMENT AGREEMENT**

- 3 Steps to starting your plan.....
- 1 - Fill out this form
  - 2 - Attach a void cheque
  - 3 - Email, mail, fax or drop off @:

**Mastrangelo Fuels  
720 Hewitson St.  
Thunder Bay, ON. P7B-5Z1**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email/ Fax \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**PLEASE PROVIDE A VOID CHEQUE**

Payments will be auto processed bi-monthly.

I agree to have my payments withdrawn WEEKLY per EFT

I, as the account holder, authorize **Mastrangelo Fuels** and the above noted financial institution to debit my account for payment of my account on the above dates in an amount not to exceed my bill each month or budget payment.

There will be a \$25.00 service charge for NSF transactions. Accounts will be dropped from the plan after one such transaction in a one-year period.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_