CUSTOMER INFORMATION & SUPPLY AGREEMENT

Operating together with:
ARMSTRONG PETROLEUMS
ARMSTRONG PROPANE

How did you hear about us? ❒ Website ❒ Mailer ❒ Print Ad ❒ Billboard Ad ❒ Word of Mouth

Customer Name(s): _____
Last Name (or Company Name) *First Name(s)*

Delivery Address: _____
**Please include Green/Emergency # if applicable*

City, Province: _____ Postal Code: _____

Nearest Crossroads: _____

Home/Cell Phone No.: _____ Work Phone No.: _____

Are you a tenant at this address? ❒ Yes ❒ No - If yes, please provide landlord information below.

Landlord Name: _____ Phone No.: _____

Address: _____
Street *City* *Province* *Postal Code*

Billing Address *(if different from above)*:

Name(s): _____

Address: _____

City, Province: _____ Postal Code: _____

Purpose of Application:

❒ New Customer or Home Owner
❒ New Installation…….
❒ Equipment Service/Repair
❒ Switching Fuel Providers…
Previous Supplier: _____
❒ Cardlock*

*Note: All Cardlock Accounts payment option must be by PAP (preapproved automatic payment).

Product:	**Scheduling Preference:**	
❒ Furnace Oil*	❒ Automatic Delivery	❒ Will Call in for Delivery
❒ Propane (LP)*	❒ Automatic Delivery	❒ Will Call in for Delivery
❒ Diesel (Dyed or Clear)	❒ Automatic Delivery	❒ Will Call in for Delivery
❒ Gasoline	❒ Automatic Delivery	❒ Will Call in for Delivery

**Will Call Only - Rush delivery fee without min. 48-hour notice.

*Comprehensive Inspection (Oil) and/or Gascheck (Propane) may be required prior to delivery. A one-time fee will apply.

Current Equipment Operated by Your Fuel:

❒ Furnace (LP or Oil) ❒ Boiler (LP or Oil) ❒ Water Heater (LP or Oil)
❒ Fireplace (LP or Oil) ❒ Pool Heater (LP or Oil) ❒ Shop/Garage Heater (LP or Oil)
❒ Generator (LP or Diesel) ❒ Stove or BBQ ❒ Other: _____

Invoices & Statements will be sent electronically to the address(s) provided below.
E-mail Address(s): _____
❒ *I have no email, please send by regular mail*

BY SIGNING BELOW, THE CUSTOMER ACCEPTS THE TERMS AND CONDITIONS OF THIS AGREEMENT.

Customer Signature: ×

Name (Please Print): × _____ Date: _____

All new customers will be charged on delivery (COD) pending credit approval.
❒ I/we are applying for credit and have completed and agree to be bound by the Credit Agreement.

202350 COUNTY ROAD #109, EAST GARAFRAXA, ON L9W 7N1
P. 519-941-0004, 519-928-2200 or 1-866-644-9326 F. 519-928-1100 Email: info@arthursfuel.com

CREDIT APPLICATION & AGREEMENT

Authorization to Perform Credit Check: The Customer and Co-Applicant (hereinafter collectively referred to as "The Customer") hereby authorize Arthurs Fuel Inc. (hereinafter referred to as "Arthurs") provide a copy of this Agreement to Financial Institution References provided below or any consumer reporting agency upon receipt of this Credit Agreement ("Agreement") and from time to time during the term of this Agreement as determined to be appropriate by Arthurs to investigate the credit worthiness and financial responsibility of The Customer. The Customer authorizes and directs any person or consumer reporting agency to compile and furnish to Arthurs any information it may have or obtain in response to such credit inquiries from Arthurs, and The Customer agrees that such information and this Agreement are the property of Arthurs whether or not credit is extended. The Customer shall notify Arthurs of any material changes in The Customer's financial condition and any material changes in The Customer's ownership or business entity. The Customer shall be required to update the information contained in this Agreement upon request from Arthurs.

The information requested below is collected solely for the purpose of performing credit checks to confirm that Arthurs can extend credit without risk.

Customer Name(s): _____
Last Name (or Company Name) *First Name(s)*

Address: _____

City, Province: _____ Postal Code: _____

Date of Birth: _____ Driver's License No: _____

Credit Card No: _____ Current Employer: _____

Previous Address *(*if less than a year at the above address*):*

Address: _____

City, Province: _____ Postal Code: _____

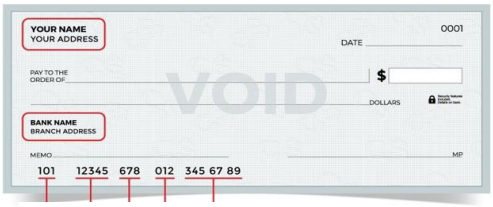
Bank: _____ Bank: _____

Bank Address: _____ Contact: _____

Branch/ Transit #: _____ Institution #: _____

Name of Principal Officer: _____ Account #: _____

☐ Void Cheque Attached



Transit# Institution #

Personal Guarantee: We hereby affirm that the information herein given for the purposes of obtaining Credit is true and correct. It is agreed that all payments will be made on/by their due date, in accordance with the terms of sales. NET 25 DAYS from DATE OF INVOICE unless otherwise stated in writing to the customer from Arthurs. In consideration for the granting of credit to the Customer, the undersigned hereby personally guarantees the due payment of monies for all goods and services supplied to the customer at its request, which are now or shall at any time become owing to Arthurs Fuel Inc. The undersigned shall be held and bound to payments of the amount guaranteed and responsible for all recovery costs.
2% INTEREST PER MONTH WILL BE CHARGED ON OVERDUE ACCOUNTS (26.824% PER ANNUM).

NO OTHER TERMS OR ORAL PROMISES NOT CONTAINED IN THIS WRITTEN AGREEMENT MAY BE LEGALLY ENFORCED. THE TERMS MAY ONLY BE CHANGED BY ANOTHER WRITTEN AGREEMENT. THIS AGREEMENT SHALL ALSO SUPERSEDE ALL PRIOR CREDIT AGREEMENTS PREVIOUSLY IN EFFECT BETWEEN THE CUSTOMER AND ARTHURS.

Customer Signature: ×

Name (Please Print): × _____ Date: _____

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