



## THIS FORM NEEDS TO BE COMPLETED TO EXPEDITE YOUR APPLICATION – THANK YOU!

GST #			
Notifications:			
Invoice / Price notificat	tions email address:		
(Invoice / Price notifica	ations will be emailed unless o	otherwise specified)	
Billing address if different	ent from company address		
Terminal Access			
☐ Imperial Cornerbrook	☐ Irving St.John's	☐ NARL Ultramar	☐ Imperial Dartmouth
☐Imperial Sydney	☐ Irving Saint John Refine	ery 🗆 Ultramar Miramichi	☐ Imperial Sept Isles
Petrocan Rimouski	□ Norcan Montreal	☐ Ultramar Chicoutimi	☐ Ultramar Montreal
□Ultramar St. Romauld	☐ Ultramar Gas Bay	☐ Irving Charlottetown	☐ Ultramar Ottawa
☐IMTT Quebec			
Products			
☐ ULSD Clear ☐ UL	.SD Dyed □ Furnace Oil □	E-10 ☐ Regular Gas ☐	Supreme Gas
☐ ULSD Clear ☐ UL☐ Other:	<del> </del>	·	
☐ ULSD Clear ☐ UL☐ Other:	uired (in liters):		
☐ ULSD Clear ☐ UL☐ Other:	uired (in liters):		
☐ ULSD Clear ☐ UL☐ Other:	uired (in liters):		
☐ ULSD Clear ☐ UL☐ Other: ☐ Monthly volume requal Authorized Haulers: ☐ Product delivered to	uired (in liters):	<u> </u>	
☐ ULSD Clear ☐ UL☐ ☐ Other: ☐ Monthly volume requal Authorized Haulers:  Product delivered to Location Name / Site #	uired (in liters):to:		
☐ ULSD Clear ☐ UL☐ ☐ Other: ☐ Monthly volume requal Authorized Haulers:  Product delivered to Location Name / Site #	to: # / Address:		
□ ULSD Clear □ UL □ Other: □ Monthly volume requestant Authorized Haulers: ■ Product delivered to Location Name / Site # Location Name / Site #	to: # / Address:		
□ ULSD Clear □ UL □ Other: □ Monthly volume requ Authorized Haulers: □ Product delivered t Location Name / Site # Location Name / Site #  REMINDERS: □ Completed & s	to:  # / Address:  # / Address:	rcial credit form	

package, Corporate Tax returns for the 2 most recent years are acceptable provided a balance sheet is provided as well.

☐ Completed & signed Authorization Agreement for Pre-Authorized Debit (PAD) & void check

☐ Canadian Wholesale License