



PO Box 294 Harrison Hot Springs, BC V0M 1K0

BUSINESS APPLICATION FOR CREDIT ACCOUNT & CREDIT OPERATING AGREEMENT

| BUSINESS ACCOUNT SETUP INFORMATION | | | | | |
|---|--|------------------------|--|---------------------------------------|--|
| Business Account Name | | | | | |
| Mailing / Billing Address | | | | | |
| City / Town | | Province | | Postal Code | |
| Bus Tel # | | Cell # | | Fax # | |
| Delivery /Physical Address (if different from above) | | | | | |
| City / Town | | Province | | Postal Code | |
| Additional Delivery Information (Gate Code, Building Details, Shop out back etc...) | | | | | |
| Appliances on propane (Furnace, Hot Water Heater, Boiler, Fireplace, Range, Generator, Dryer, BBQ, etc.) | | | | | |
| Yrs in Business | | Payables Contract Name | | Payables Contact Ph# or email | |
| Email Addresses | | | | | |
| By providing an email address, you agree to receive Invoices and Statements by the email address provided above. If no email address is provided, hardcopies of invoices and statements will be provided by hand or regular mail. | | | | | |
| CREDIT CARD ON FILE AUTHORIZATION (optional) | | | | | |
| Cardholders Name (as it appears on Card) | | | | Credit Card # | |
| Type of Card (Visa, M/C) | | Expiry Date | | CCV2 (Last 3 numbers on back of card) | |
| I hereby authorize payment of charges to my account by credit card. Applicants must notify Burden Propane if credit card is cancelled, lost, stolen, or compromised. | | | | | |
| TRADE REFERENCES (2 Required) | | | | | |
| Company/Name | | | | Telephone # | |
| Address | | | | Contact Name | |
| Company/Name | | | | Telephone # | |
| Address | | | | Contact Name | |
| I hereby authorize payment of charges on account by credit card. Applicants must notify Burden Propane if credit card is cancelled, lost, stolen, or compromised. | | | | | |

I agree that Burden Propane Inc. may obtain, at its discretion, such information as it requires pertaining to the applicant's financial relations and may disclose financial information about the applicant to any credit reporting agency or to any person with whom the applicant has, or proposed to have financial relations. Additionally, if a credit account is approved for use, I further agree as follows:

1. To pay the full amount of all invoices charged to my account, according to the terms specified on the invoice or by such other terms which may be authorized.
2. To pay finance charges equivalent to 2% per month on any outstanding account balances not within the credit terms of Net 15 days from invoice date
3. BURDEN PROPANE INC. may cancel this agreement without notice in the event of any breach of any agreement by the applicant.
4. BURDEN PROPANE INC. will not be liable if the credit card is not honored at any time.
5. Applicant is responsible for all indebtedness resulting from the use of the credit card(s) until written notification of their loss of theft is received by BURDEN PROPANE INC.
6. BURDEN PROPANE INC. may contact account contacts from time to time with delivery updates, reminders, promotions and general information via email and/or text.

AUTHORIZED NAME (Print) _____ DATE _____

AUTHORIZED SIGNATURE _____

**Please Complete all applicable information above, sign and return by
Fax 604-796-3883 or email: info@burdenpropane.com**