

# Sherwood CO-OP Cardlock Cardholder Application

Name of Applicant: \_\_\_\_\_ Co-op Member No. \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Applicant's Phone No: \_\_\_\_\_ Applicant's Cell No: \_\_\_\_\_

For Farmers: Dyed Fuel Permit(s) # \_\_\_\_\_

For Commercial Business: GST # \_\_\_\_\_

Prov. SK

E-mail Address \_\_\_\_\_

Fax# \_\_\_\_\_

<b>CARD SPECIFICATIONS REQUESTED:</b>				
FARM	COMMERCIAL	PERSONAL	PRODUCTS:	REGULAR
TYPE OF CARD	LOCAL ___	SYSTEM WIDE		MIDGRADE
NO. OF CARDS _____				PREMIUM
UNIT NUMBERS REQUESTED	YES	NO		DIESEL
ODOMETER READING REQUESTED	YES	NO		DYED DIESEL (Farm Only)
				D.E.F.

**Please read the following and sign.**

- 1 I apply for a cardlock card(s) (the "Card") of the local or system-wide type, as indicated above, for the purchase of petroleum fuel in the CO-OP Cardlock System.
- 2 I agree to complete and sign the necessary account application form.
- 3 I hereby confirm that I have been provided a copy of the Sherwood Co-op Cardlock User Agreement and Cardlock Operating Instructions. If my application herein is accepted, I unequivocally confirm that I accept all terms and conditions contained therein.
- 4 I will not purchase marked fuel in a province where I do not have a marked fuel purchasing permit. If such a purchase is made, I understand that I will be charged the clear fuel price (inclusive of all taxes). I also understand that this may result in prosecution under the applicable provincial fuel tax act(s).

<b>SIGNING BY APPLICANT WHO IS AN INDIVIDUAL OR PARTNERSHIP</b>	
<b>SIGNED AND DELIVERED in the presence of:</b>	
Signature of Sole Proprietor or Partner _____	
Signature of Partner _____	Signature of Witness _____
Signature of Partner _____	Print Name of Witness _____
Date : _____	Date: _____

<b>SIGNING BY CORPORATE APPLICANT</b>	
Full Corporate Name _____	
By: _____ Authorized Signature	By: _____ Authorized Signature
Title: _____	Title: _____
Date: _____	Date: _____