

Sherwood CO-OP Cardlock Cardholder Application

Name of Applicant: _____ Co-op Member No. _____
 Address of Applicant: _____
 Applicant's Phone No: _____ Applicant's Cell No: _____
 Dyed Fuel Permit(s) # _____ Prov. SK
 E-mail Address _____
 Fax# _____
 Co-op Cardlock No. _____

CARD SPECIFICATIONS REQUESTED:	Clear	Dyed (Farm Only)
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		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).

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

SIGNING BY CORPORATE APPLICANT	
Full Corporate Name	
By: _____ Authorized Signature	By: _____ Authorized Signature
Title: _____	Title: _____
Date: _____	Date: _____