

OFFICE: 780.231.3163 / EMAIL: nuquart@live.ca **NEW CUSTOMER APPLICATION COMPANY INFORMATION** Company Name: DBA Name: E-mail: Phone: Fax: Registered company address: City: Postal Code: Province: Date business commenced: Sole Partnership: Corporation:\_\_\_\_ Other: proprietorship:\_ GST #: YEARS IN BUSINESS: PRINCIPAL OFFICERS, PARTNERS, OR OWNERS President: SS#: Tel: Address: Vice-President: SS#: Tel: Address: Tel: Accounts Payable Contact: **BUSINESS/TRADE REFERENCES** Company name: Address: Province: Postal Code: City: Phone: Fax: E-mail: Company name: Address: City: Province: Postal Code: E-mail: Phone: Fax: Company name: Address: City: Province: Postal Code: Phone: Fax: E-mail: • All invoices are to be paid according to the terms and conditions as specified by Nuquart Oil Inc. • In the event above company defaults in payment to Nuquart Oil Inc., Officer of the company agrees to be personally liable for any debts and/or collection costs incurred by Nuquart Oil Inc., including but not limited to court costs and legal fees. · By submitting this application, you authorize Nuquart Oil Inc. to make inquiries into the banking and business/trade references that you have supplied. SIGNATURE NAME & TITLE

\*\*PLEASE INCLUDE A COPY OF YOUR RESALE CERTIFICATE AND BUSINESS LICENSE\*\*