



A Division of McDougall Energy Inc.

PERSONAL CREDIT APPLICATION (HOME)

AGENT:	_____
EMPLOYEE:	_____
DATE:	_____

Office: _____ Territory Manager: _____

Fuel Delivery Propane Delivery HVAC Install HVAC Service Cardlock

PLEASE PRINT

Applicant's Information

Applicant's Full Legal Name: _____ Title: _____ First Name: _____ Middle Initial: _____ Last Name: _____
(Hereinafter known as the applicant)

Email: _____ Date of Birth: (mm/dd/yyyy) _____ S.I.N: (optional) _____

Co-Applicant's Information

Co-applicant's Full Legal Name: _____ Title: _____ First Name: _____ Middle Initial: _____ Last Name: _____

Email: _____ Date of Birth: (mm/dd/yyyy) _____ S.I.N: (optional) _____

Principal Residence:

Street: _____ City: _____

Prov.: _____ Postal Code: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Years at current address? _____ yrs Email: _____

Own Mortgage Provider: _____ City: _____

Rent Landlord's Name: _____ Phone: () _____

Delivery Address: same as above

Street: _____ City: _____
(if different from address above)

Prov.: _____ Postal Code: _____

Previous Address:

Street: _____ City: _____
(if less than three years at principle address)

Prov.: _____ Postal Code: _____

PLEASE TURN OVER ▀
AND COMPLETE REVERSE

268 Huron Rd
Goderich, ON N7A 2Z8
T 519-524-8386
F 519-524-8388

Highway 4 N.
Teeswater, ON N0G 2S0
T 519-392-6100
F 519-392-6964

PO Box 610
238 Albert St.
Clinton, ON N0M 1L0
T 519-482-7381
F 519-482-7164

383 Kincardine Ave.
Kincardine, ON N2Z 2V7
T 519-396-8841
F 519-396-8853

Applicant's Employer

Present Employer: _____ Position: _____ Phone: _____ How long there? _____ yrs

Previous Employer (if less than three years at current job) _____

Co-applicant's Employer

Present Employer: _____ Position: _____ Phone: _____ How long there? _____ yrs

Previous Employer (if less than three years at current job) _____ How long there? _____ yrs

More Information

Your Current Financial Institution _____ Branch: _____

Yes, I have chosen "Automatic Delivery" and yes I am aware of the terms and conditions of the "No Run Out Program". (OAC)

Yes, I have been offered the Worry-Free Service Plan and at this time I do not wish to purchase it.

How would you like to receive your monthly statement? (Please check one) email mail

Please provide us with your email address for monthly statements: _____

Submit Your Application

BEFORE SUBMITTING ANY INFORMATION TO US PLEASE READ, UNDERSTAND AND AGREE TO THE FOLOWING TERMS AND CONDITIONS.

The Applicant certifies that the above information is true and correct. By submitting this application, the Applicant authorizes Edward Fuels (a division of McDougall Energy Inc.) or its agent to conduct credit history checks for the purposes of credit approval. The Applicant further agrees that this authorization is ongoing and to be used by Edward Fuels (a division of McDougall Energy Inc.) only when reasonably necessary for the purposes of monitoring the Applicant's account and/or for debt collection. The Applicant further authorizes Edward Fuels (a division of McDougall Energy Inc.) or its agent to contact banking references. Edward Fuels (a division of McDougall Energy Inc.) collects credit information for the purpose of credit approval, account monitoring and debt collection only. We do not distribute, sell or disclose any customer information without consent or unless required to do so by law. Our files are kept secure. Our privacy policy is available upon request.

By submitting this application, the Applicant agrees to keep their account current and in good standing. Interest in the amount of 2.5% per month shall be charged for all accounts past due. The Applicant further agrees that should collection proceedings or legal action be necessary to collect on the Applicant's account, the Applicant agrees to be responsible for all costs incurred by Edward Fuels (a division of McDougall Energy Inc.) or their authorized agent, to collect payment.

Applicant Name: _____ Signature: _____ Date: _____

Co-Applicant Name: _____ Signature: _____ Date: _____

Witness Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY

DATE: _____ CODE: _____ TERMS: _____ LIMIT: _____