

To submit your Pioneer Commercial Fleet Card Application, print it out then fill it out completely (including your signature) and mail to: Pioneer Energy  
 Attn: Credit Department, 1122 International Blvd, Suite 700, Burlington, Ontario L7L 6Z8.

**Note:** Faxed applications can be submitted in advance to speed up the process, but original signed applications must be submitted in order to complete the process.

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## COMMERCIAL DISCOUNT APPLICATION

Company Name _____		
Company Address _____		
Street	City	Postal Code
If a Subsidiary Company or Branch Office, please include parent company name and address		
Telephone Number: _____ Fax Number: _____		Pioneer <small>FOR HEAD OFFICE USE ONLY</small> Account Number: _____
E-mail Address: _____		
Type of Business	Length of time in business	If in business for less than one year, please attach a personal guarantee for the company account.
Legal Status Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Self-employed <input type="checkbox"/>
Name/Address of owners	Date incorporated: _____ President: _____ Vice President: _____ Secretary: _____ Treasurer: _____	Owner's name/address _____ _____ _____
Number of vehicles: Trucks _____ Vans _____ Cars _____	Propane <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> NGV <input type="checkbox"/>	Estimated monthly purchase Litres _____ Value \$ _____ No. of cards _____
Identify cards as follows		2) By driver (s) name (s): (if additional space required attach list):
1) By vehicle numbers: <u>AAA</u>		
Bank: _____ Branch _____ Tel # _____		<del>Facsimile</del> Fax #: _____
<small>For Monthly volumes over \$5000.00 per month please enclosed a copy of a VOID cheque so we may obtain a bank reference.</small>		
Current retail gasoline supplier: _____ Card/Acct # _____		<del>Facsimile</del> Fax #: _____
Credit references (Trade/Suppliers): <u>AAA</u>		
1)	Tel # _____	<del>Facsimile</del> Fax #: _____
2)	Tel # _____	<del>Facsimile</del> Fax #: _____
3)	Tel # _____	Email or Fax #: _____

**DISCOUNT TERMS:**  
 The undersigned acknowledges that upon acceptance of this application by Pioneer, the undersigned will be eligible to receive a discount on purchases made by use of the Pioneer credit card (s) issued to the undersigned, subject to the following terms and conditions:

- All the terms of the cardholder agreement between Pioneer and the undersigned shall continue to apply to all purchases made by the use of the Pioneer credit card(s) issued to the undersigned subject to the discounts provided herein.
- The rate of discount allowed each month will be based on the aggregate amount of Pioneer current purchases as shown on the credit card statement for that month. The rate of discount may be changed by Pioneer from time to time without notice.
- Credit card purchases made after acceptance of this application and before the end of the first monthly billing may earn a discount due to the manner in which billings are processed by computer.
- Failure to make payment in full of the balance due shown on the credit card monthly statement within 25 days from the statement date may result at Pioneer's sole discretion and without due notice, in the immediate withdrawal of discount privileges provided herein, including discounts for the period for which payment is past due and for the present billing period. A credit charge of 2% per month (24% per year) compounded monthly shall be payable on unpaid balance 25 days after date of statement. Credit charge subject to change at Pioneer's discretion.

I/We certify that the information supplied is true and if this application is accepted, I/we agree to abide by the terms of the cardholder agreement which will accompany the credit card(s) when issued. I/We consent to Pioneer and/or its assignee obtaining such information as may be required at any time in connection with the credit hereby applied for or any renewal or extension thereof and to the disclosure of any credit information to any credit reporting agency or to any person or firm with whom I/we have or propose to have financial relations.

Contact Name: \_\_\_\_\_ Signing Officer: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_