



**Irving Energy Distribution and Marketing  
Commercial Account Application**

**FAX:** 1-888-451-1444 **ATTENTION:** Marla Ash

**BUSINESS APPLICANT**

<b>Legal Name of Business Applicant:</b> United Church of Canada		
<b>Trade Name (if any):</b>		<b>Account No.</b> 2859661
<b>Business Address:</b> 3250 Bloor St West Suite 200		<b>Telephone No.</b> 1-647-290-7023
<b>City &amp; Province:</b> Toronto, ON	<b>Postal Code:</b> M8X 2Y4	<b>Fax Number</b>
<b>Email address:</b>		<b>Website:</b>
<b>Type of Business:</b>	<b>Years In Business:</b>	<b>Date of Organization:</b>

<b>Business is:</b>		
<b>Principal's Names</b>	<b>Position</b>	<b>Residential Address &amp; Telephone No.</b>
1)		
2)		

**If partnership or sole proprietor, please ensure the next section is filled out for each partner or the sole proprietor**  
**PARTNER/SOLE PROPRIETOR INFORMATION (Attach copies showing each partner's information)**

<b>Full Name (Legal):</b>	<b>Ownership%:</b>	<b>Phone No.</b>
<b>Home Address:</b>		<b>DOB:</b>
<b>City &amp; Province:</b>	<b>Postal Code:</b>	<b>SIN:</b>
<b>Email address:</b>		<b>Occupation:</b>

**For individual applications or Personal Guarantors, the collection and use of information form requires to be signed.**  
**BILLING INFORMATION**

<b>Mailing address:</b> 3250 Bloor St West Suite 200		<b>Telephone No.</b> 1-647-290-7023
<b>City &amp; Province:</b> Toronto, ON	<b>Postal Code:</b> M8X 2Y4	<b>Fax No.</b>
<b>Contact Name:</b> Carla Langhorst	<b>Position:</b>	
<b>Electronic Invoices</b>	<b>E-Invoice address:</b>	
<b>Purchase orders required?</b>	<b>Language Preference:</b> English	
<b>Federal Tax Exemption No:</b>	<b>Provincial Tax Exemption No:</b>	

**CREDIT INFORMATION**

<b>Bank Reference:</b>	<b>Contact:</b>	<b>Telephone No.:</b>
<b>Bank Name:</b>	<b>Position:</b>	<b>Fax No.:</b>
<b>Checking Account # :</b>	<b>Loan Account # :</b>	
<b>Existing Irving Customer</b>	<b>Irving Account #:</b>	
<b>1) Major Supplier:</b>	<b>Address</b>	<b>Telephone No.</b>
<b>2) Major Supplier:</b>	<b>Address</b>	<b>Telephone No.</b>
<b>3) Major Supplier:</b>	<b>Address</b>	<b>Telephone No.</b>
<b>Present Fuel Supplier:</b>	<b>Telephone No.</b>	<b>#REF!</b>
<b>Financial Statements Available?</b>	<b>For Year Ending</b>	<b>Year:</b>

I hereby certify the above information to be true and complete. I authorize and consent to Irving Energy Distribution and Marketing obtaining and exchanging credit information with any person or corporation with whom I have, or propose to have financial relations. I have read and agree to be bound by all of the terms and conditions contained on the Appendix A and have received a copy of said document.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_\_

\_\_\_\_\_  
APPLICANT NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE AND TITLE