

1 Complete the Application Form

Legal Business Name ("the applicant") _____

Business Name to be printed on cards (max. 27 characters)

Address _____
 City _____ Province _____

Postal Code _____ Cellular () _____

Telephone () _____ Fax () _____

Email _____

Years in Business _____ Nature of Business _____

Language Preference English French

Existing Shell Account Number (if applicable) _____

Legal Status Individual Proprietorship Partnership Corporation

Parent corporation (if a subsidiary) _____

Who are your company representatives?

Please tell us about your Authorized Officer, Partner, Principal, or Proprietor so that we know whom to contact in these various roles and also for the purpose of conducting credit investigations.

Title _____

Name _____

Phone () _____ Email _____

Fleet Manager

Please provide the name of the person who manages your fleet, if different from the above Authorized Officer, Partner, Principal, or Proprietor. Same as above

Title _____

Name _____

Phone () _____ Email _____

Who are your references?

Please supply your basic banking and supplier details.

Bank Name _____

Address _____

Account Number _____

Contact Name _____

Telephone () _____ Fax () _____

Current Supplier

Name _____

Account Number _____

Contact Name _____

Telephone () _____ Fax () _____

Please help us understand your purchase profile:

How much do you spend each month on fuel, lubricants, products, repairs and maintenance services?
 \$ _____

Are you tax exempt?

Please indicate if you are exempt from Federal or Provincial Taxes.

No Yes (If Yes, we will contact you for confirmation of your tax exempt status.)

Do you need access to marked fuel?

No Yes (If Yes, a certificate will be required.)

Select Card Options

How many cards do you require?

Card Embossing Additional embossing required

Your business name is automatically embossed on the first line of each card. If you want additional embossing, check the box and Shell's customer service will call to assist you.

2 Choose your Billing Option

Please pick ONE Frequency/Terms option.

Invoiced weekly, with 7 day terms Invoiced monthly, with 25 day terms

Please select only ONE of the following methods of payment. If you select Pre-Authorized Debit, you must also complete Steps 2A and 2B. If not, please proceed to Step 3.

Shell's Pre-Authorized Debit Program (You must also complete Steps 2A and 2B)

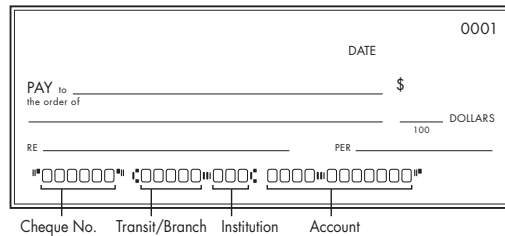
Electronic Funds Transfer Pay at your Local Bank

Online/Telephone Banking Pay by Mail

2A Pre-Authorized Debit

Please provide account information details. You must also complete 2B (Pre-Authorized Debit Signature), after reading the Pre-Authorized Debit Terms and Conditions, in order to complete your application for this method of payment.

Where to find your account information:



Canadian Dollar Account

Canadian Bank/Financial Institution information (Payer)

Transit/Branch Number _____ Institution Number _____

Account Number _____

Name of Financial Institution _____

Branch Name _____

Branch Address _____

City _____ Province _____ Postal Code _____

2B Pre-Authorized Debit Signature

Authorized Signing Officer(s), Principal(s), Partner(s), or Proprietor(s)

By signing below, I am agreeing with you, Shell Canada Products, to everything written here and in the Terms and Conditions of the Pre-Authorized Debit Plan which forms part of this authorization.

Title _____

Name _____

Date _____

Signature _____

3 Sign the Application

Authorized Signing Officer(s), Principal(s), Partner(s), or Proprietor(s)

By signing below, I am agreeing with you, Shell Canada Products, to everything written here and in the Shell TRITON Card Terms and Conditions which forms part of this application.

Title _____

Name _____

Date _____

Signature _____

Do you have a letter of credit or a personal guarantee? No Yes

Will an officer of the company provide a letter of credit or a personal guarantee? No Yes

(see over for Terms and Conditions)

Shell TRITON Card Terms and Conditions

I consent to Shell Canada Products (and its partners and each of their respective affiliates, subsidiaries, successors and assigns) using, obtaining from, exchanging with or disclosing to third parties all information concerning the business applying, that has been or may hereafter be acquired in connection with this application for the purposes of conducting credit investigations, ensuring the accuracy of the information contained in this application, processing this application, entering into, administering, performing and enforcing any agreement or transaction in connection with the credit applied for in this application and providing account services for any credit card(s) issued to the business applying.

I understand that Shell Canada Products will share certain Business related information, such as transaction data and contact information, with the Retailer of the station to which the discount benefit of this product is linked.

I certify that the information in this application is true and confirm that I am duly authorized to complete this application on behalf of the business applying. I confirm that the credit card(s) will be used for business purposes only. I certify that I have read and accept these terms and conditions. I agree that the use of the credit card(s), constitutes acceptance of the card agreement which will accompany the credit card(s) when issued.

Pre-Authorized Debit Plan Terms and Conditions

In these terms and conditions, the following terms shall have the following meanings:

"Account" means your business account at the Financial Institution(s) chosen by you to be drawn under this authorization;

"Business PAD" means a pre-authorized debit drawn on your Account for payment of the full balance owing by you to Shell Canada Products in connection with your business or commercial activities;

"Financial Institution" means your financial institution(s) chosen by you and indicated in this Authorization as the financial institution payor;

"you" and "your" means the business applicant payor agreeing to participate in the Pre-Authorized Debit (PAD) plan indicated.

1. You agree to participate in this Business Pre-Authorized Debit plan and you authorize Shell Canada Products to draw, and your Financial Institution to honour and pay, Business PADs drawn on your Account at your Financial Institution for payment at the full balance owing by you to Shell Canada Products when due. You agree that any direction that you provide to draw a Business Pad, and any Business Pad down in accordance with this Authorization, shall be binding on you.
2. This Authorization is for business purposes only and relate to commercial activities with Shell Canada Products and not to personal or household activities.
3. You may revoke this Authorization at any time by delivering written notice of revocation to Shell Canada Products at least 10 business days prior to the next due date of a Business PAD. The contact information for Shell Canada Products is 400 – 4th Avenue SW, PO Box 100, Station M, Calgary, AB, T2P 2H5, attention: Commercial Fleet Solutions. You acknowledge that as this Authorization applies only to method of payment, any revocation of this Authorization by either you or Shell Canada Products does not amend, terminate, nullify or make void any contract that exists between you and Shell Canada Products.
4. You agree that your Financial Institution is not required to verify that any Business PAD has been drawn in accordance with this Authorization including amount, frequency and fulfillment of any purpose of any Business PAD.
5. You agree delivery of this Authorization to Shell Canada Products constitutes delivery by you to your Financial Institution. You agree that Shell Canada Products may deliver this Authorization to its financial institution. You consent to the disclosure by Shell Canada Products to its financial institution of any personal and business information contained in this Authorization that is directly related to and necessary for the proper application of the Rules of the Canadian Payments Association ("CPA") Applicable to the Province of Quebec only: Such consent constituting the consent required under the legislation pertaining to the protection of personal information in the private sector. (L.R.Q.c.P39.1)
6. You agree to waive the notice requirements under the Rules of the CPA, whichever is applicable: (a) with respect to fixed amount Business PADs, the 10 calendar days written notice (to be given before the due date of the first Business PAD and prior to each and every change in the amount or payment(s) date) of the amount to be debited and the due date(s) of debiting; (b) with respect to variable Business PADs, the 10 calendar days written notice (to be given before the due date of every Business PAD) of the amount to be debited and the due date(s) of debiting (c) with respect to Business PAD plans that provide for the issuance of a Business PAD in response to your direct action (such as, but not limited to, a telephone instruction) requesting Shell Canada Products to issue a Business PAD in full or partial payment of a billing received by you, the 10 calendar days written notice.
7. You may dispute a Business PAD by providing a signed declaration to your Financial Institution that: (a) the Business PAD was not drawn in accordance with this Authorization; (b) this Authorization was revoked in compliance with Article 3 above or (c) confirmation of an electronic PAD agreement was not received by you within 15 days of submitting such. You acknowledge that in order to obtain reimbursement from your Financial Institution for the amount of a disputed Business PAD, you must sign a declaration to the effect that either (a) or (b) above took place and present it to your Financial Institution up to and including but not later than 10 business days after the date on which the disputed Business PAD was posted to your Account. You acknowledge that after this 10 day period, you shall resolve any dispute regarding a Business PAD solely with Shell Canada Products and that your Financial Institution shall have no liability to you respecting any such Business PAD.
8. You warrant that all information about your Account is accurate and you shall notify Shell Canada Products, in writing, of any change in your Account information provided in this Authorization at least 10 business days prior to the next due date of a Business PAD. In the event of any such change this Authorization shall continue in respect of any new account to be used for Business PADs.
9. You warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization.
10. You agree to comply with the rules of the CPA, or any other rules or regulations which may affect the services described herein, as may be introduced in the future, or are currently in effect. You agree to execute any further documents which may be prescribed from time to time by the CPA in respect of the services described herein.
11. You covenant that you have read and understood and agree to all terms and conditions described in this authorization.
12. *(Applicable in the Province of Quebec only) You covenant that you have obtained a legal opinion from a legal counsel of your choice with respect to the implications of your execution of this Authorization prior to agreeing to this Authorization. You and Shell Canada Products herein acknowledge that each has requested and consented to have this Agreement and all documents and correspondence ancillary thereto drafted in English only. Les parties aux présentes reconnaissent qu'elles ont demandé et accepté que la présente convention ainsi que tous les documents et toute la correspondance connexes soient rédigés en anglais seulement.*