

Prairie Co-op Cardlock Cardholder Application

Please Print

NAME OF APPLICANT _____
 ADDRESS OF APPLICANT _____

 APPLICANTS PHONE NO. _____
 DYED FUEL PERMIT(S) # _____ PROV. _____
 # _____ PROV. _____
 EMAIL ADDRESS _____ FAX #. _____

For Office Use Only

Date _____

Name of Co-op **Prairie Co-operative Ltd.**

Address of Co-op **P.O. Box 1330, Melville, SK S0A 2P0**

Acct. No. _____ Loc. _____ Dept. _____

Co-op Member No. _____

Co-op Cardlock No. _____

CARD SPECIFICATIONS REQUESTED:		CLEAR	DYED
TYPE OF CARD <input type="checkbox"/> LOCAL <input type="checkbox"/> SYSTEM WIDE	PRODUCTS:	<input type="checkbox"/>	<input type="checkbox"/> REGULAR
NO. OF CARDS _____		<input type="checkbox"/>	<input type="checkbox"/> MIDGRADE
MAX. LITRE FILL TO CONFIRM _____		<input type="checkbox"/>	<input type="checkbox"/> PREMIUM
UNIT NUMBERS REQUESTED _____ YES _____ NO		<input type="checkbox"/>	<input type="checkbox"/> DIESEL
ODOMETER READING REQUESTED _____ YES _____ NO		<input type="checkbox"/>	<input type="checkbox"/> _____

PLEASE READ THE FOLLOWING AND SIGN.

1. I apply for a cardlock card(s) (the "Card") of the local or system-wide type, as indicated above, for the purpose of petroleum fuel in the Co-op Cardlock System.
2. I agree to complete and sign the necessary account application form.
3. If my application is accepted, I agree to read the terms and conditions of the Cardlock User Agreement (Form 910) which will accompany notification of the account when approved. My use of the Card indicates my acceptance of the terms and conditions.
4. I will not purchase dyed fuel in a province where I do not have a dyed fuel purchasing permit. If such a purchase is made, I understand that I will be charged the clear fuel price (inclusive of all taxes). I also understand that this may result in prosecution under the applicable provincial fuel tax act(s).
5. For Manitoba users of dyed or coloured fuel: As purchaser of dyed or coloured fuel in the Province of Manitoba, I fully understand and agree that I will only use my Co-op operating card to purchase dyed fuel or coloured fuel to be used solely for the purposes authorized under *The Motive Fuel Tax Act* and *The Gasoline Tax Act*, and furthermore that any unauthorized use may result in prosecution under these Acts.

SIGNING BY CORPORATE APPLICANT:

Full Corporate Name _____

By: _____ Authorized Signature	By: _____ Authorized Signature
Title: _____	Title: _____
Date: _____	Date: _____

SIGNING BY APPLICANT WHO IS AN INDIVIDUAL OR PARTNERSHIP:

Signature of Sole Proprietor or Partner _____	SIGNED AND DELIVERED IN THE PRESENCE OF:
Signature of Partner _____	Signature of Witness _____
Signature of Partner _____	Print Name of Witness _____
Date: _____	Date: _____