



Application form

INTE



**ULTRAMARC
MASTERCARD
BUSINESS CARD**

PLEASE PRINT IN BLACK INK

CORRESPONDENCE: E F

NEW APPLICATION ADDITIONAL CARDS
 MODIFICATIONS

CREDIT LIMIT REQUESTED \$ _____

SOLE PROPRIETORSHIP PARTNERSHIP
 CORPORATION OTHER

LEGAL NAME OF BUSINESS ON CHARTER OR DECLARATION OF REGISTRATION (MAX. 24 CHARACTERS)

NAME TO APPEAR ON CARD THAT WILL BE ISSUED (MAX. 22 CHARACTERS)

ADDRESS _____ CITY _____ PROVINCE _____ POSTAL CODE _____
(AREA CODE) TELEPHONE NO. _____ (AREA CODE) FAX NO. _____ FROM MM TO MM
FISCAL YEAR

MAIN FINANCIAL INSTITUTION _____ ADDRESS _____ ACCOUNT NO. _____
SECTOR OF ACTIVITY: RETAILING WHOLESALING TRANSPORTATION AGRICULTURAL/FORESTRY/FISHING FINANCE/INSURANCE/REAL ESTATE
 SERVICE MANUFACTURING CONSTRUCTION MINING OTHER:

SEASONAL: YES NO NUMBER OF EMPLOYEES: _____ ANNUAL REVENUES: \$ _____ BUSINESS OPERATING SINCE: MM / DD / YY AVERAGE BUSINESS BANK ACCOUNT BALANCE: \$ _____

MONTHLY BILLING DATE REQUESTED: 8 22 METHOD OF PAYMENT: CHEQUE AUTOMATIC DEBIT IF AUTOMATIC DEBIT OPTION, COMPLETE: BANK NO. _____ BRANCH TRANSIT NO. _____ BUSINESS ACCOUNT NO. _____

MR. MRS.

LAST AND FIRST NAME OF AUTHORIZED SIGNATORY (MAX. 21 CHARACTERS) _____ MM / DD / YY _____
DATE OF BIRTH SOCIAL INSURANCE NO. _____ (AREA CODE) HOME TELEPHONE NO. _____

PERSONAL ADDRESS _____ OWNER TENANT OTHER

CITY _____ PROVINCE _____ POSTAL CODE _____ SINCE MM / YY _____

PREVIOUS ADDRESS (IF LESS THAN 2 YEARS) _____ DURING _____ YEARS GROSS ANNUAL INCOME \$ _____

E-MAIL ADDRESS _____ OWNER PARTNER SHAREHOLDER OTHER SINCE MM / YY _____

ACTIVATION IS MANDATORY: When you call Customer Service to activate your cards, you will be asked to identify yourself by providing your mother's maiden name and a password. For this purpose, please indicate them below.

MOTHER'S MAIDEN NAME _____ PASSWORD (MAX. 10 CHARACTERS) _____

IF MORE THAN ONE SIGNATORY IS LIABLE FOR THE LIMIT REQUESTED, PLEASE COMPLETE A FORM FOR EACH SIGNATORY, SIGN THEM AND SEND THEM IN THE SAME ENVELOPE TO THE NATIONAL BANK ELECTRONIC PAYMENT SOLUTIONS SERVICE.

| PERSONAL ASSETS EXCLUDING BUSINESS | | VALUE/BALANCE (\$) | PERSONAL LIABILITIES EXCLUDING BUSINESS | | BALANCE (\$) | AUTHORIZED AMOUNT (\$) |
|--|--|--|---|--|------------------------|------------------------|
| DESCRIPTION / FINANCIAL INSTITUTION | | | DESCRIPTION / FINANCIAL INSTITUTION AND ACCOUNT OR CREDIT CARD NUMBER | | | |
| BANK ACCOUNTS | | | MORTGAGE LOAN | | | |
| INVESTMENTS | | | LINE OF CREDIT | | | |
| REAL ESTATE | | | BANK LOANS | | | |
| VEHICLES | | | CREDIT CARDS | | | |
| OTHER ASSETS (LAND, BOATS, ETC.) | | | OTHER DEBTS | | | |
| TOTAL PERSONAL ASSETS: | | | TOTAL PERSONAL LIABILITIES: | | | |
| ARE YOU PERSONALLY LIABLE FOR A DEBT INCURRED WITH A THIRD PARTY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YES <input type="checkbox"/> PARTICULAR <input type="checkbox"/> COMMERCIAL | AMOUNT: \$ _____ | | CREDITOR'S NAME: _____ | |

The substitute will act in the name of the authorized signatory, should he/she be unavailable, in matters pertaining to managing the card program.

NAME OF SUBSTITUTE _____ MM / DD / YY _____
DATE OF BIRTH OF SUBSTITUTE

IF YOU ARE APPLYING FOR MORE THAN 3 CARDS, PLEASE ATTACH A PHOTOCOPY OF THIS SECTION SIGNED BY THE AUTHORIZED SIGNATORY.

| | USER'S LAST AND FIRST NAME | LANGUAGE | CREDIT LIMIT | ACCESS TO CASH ADVANCES | MOTHER'S MAIDEN NAME | DATE OF BIRTH | USER'S SIGNATURE |
|---|--|---|--------------|--|----------------------|---------------|------------------|
| 1 | <input type="checkbox"/> MR. <input type="checkbox"/> MRS. | <input type="checkbox"/> E <input type="checkbox"/> F | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | | MM / DD / YY | |
| 2 | <input type="checkbox"/> MR. <input type="checkbox"/> MRS. | <input type="checkbox"/> E <input type="checkbox"/> F | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | | MM / DD / YY | |

YOU CAN EVEN ASSIGN A FEW CARDS TO A VEHICLE (SEE PAGE 3 IN BROCHURE).

| LICENCE PLATE NO. | DRIVER(S)* (6 NUMBERS MANDATORY) | CREDIT LIMIT |
|-------------------|---|--------------|
| | Identification number (6 numbers) _____ Last name and first name _____ * If you wish to assign more than 2 drivers to this vehicle, please attach a photocopy of this section signed by the authorized signatory. | \$ _____ |

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OTHER
OPTIONS

Other options are available upon request. Please contact Business Services at 1 800 363-3339 or 514 394-1410 to subscribe to the desired option(s).

ELECTRONIC MANAGEMENT REPORTS*

VEHICLE RENTAL INSURANCE*

* Additional charges may apply.

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IMPORTANT: PLEASE READ THE TERMS AND CONDITIONS BELOW AND SIGN IN THE APPROPRIATE SPACE.

GENERAL CONDITIONS

The business requests that a National Bank (the "Bank") Ultramar MasterCard Business Card as well as any additional cards specified above (see section 5) be issued by National Bank of Canada (the "Bank") and that they be renewed or replaced from time to time (hereinafter referred to individually and collectively as the "Card").

The business requests that the Card be issued so that it may be used exclusively for its business activities and, to that end, it is formally resolved that:

The business agrees to name the person identified above (see section 2) as the authorized signatory and grants to this person all the rights and powers associated with the management and use of the Card. In the event that the authorized signatory renounces his rights and powers, is absent or is unable to act as authorized signatory, the business names the person identified above to act as a substitute who will have the same rights and powers as the authorized signatory.

The business, the authorized signatory, his substitute and each user of the Card undertake to respect the terms and conditions governing the use of the Card which accompany the Card when issued and which may be modified from time to time, as well as the terms and conditions of any and all contracts regarding the services that may be obtained with the Card. It is agreed that the use of the Card shall confirm the receipt and acceptance of the terms and conditions governing the use of the Card as well as the acceptance of the terms and conditions governing the services which may be obtained with such Card.

At the request of the Bank, the business is required to provide financial statements, as well as all other documentation judged pertinent by the Bank, for the purpose of evaluating this application.

The business and the authorized signatory shall be jointly and severally liable to the Bank for any and all indebtedness of principal, interest and charges, incurred directly or indirectly through the use of the Card issued under this application. Specifically, the business and the authorized signatory shall be jointly and severally liable for all balance transfers, cash advances, purchases and debits made with the Card.

However, it is understood that neither the substitute of the authorized signatory nor the users of the additional cards issued shall be personally liable for the indebtedness arising from the use of the Card.

The business and the authorized signatory authorize the Bank to obtain information on their credit record and financial position from any credit reporting agency, credit bureau, financial institution, employer or any other person with whom they may maintain business relations, including insurers of credit products.

In the event that this request form does not meet the conditions specified by the Bank for the issue of a Ultramar MasterCard Business Card, the Bank reserves the right to decline to issue a Card at any time and at its discretion.

The business and the authorized signatory hereby certify that the information appearing herein is true and accurate.

The terms and conditions attached to this request form have been formally adopted by a resolution of the Board of Directors of the business, in accordance with its incorporating instrument and by-laws, statutes and legislation. Said resolution was still in full force and effect when the authorized representatives of the business signed this request form and these representatives were duly authorized to represent the business for the purposes hereof as they have so declared.

PERSONAL INFORMATION

Use by the Bank

The personal information of the authorized signatory may be used to determine his financial position and his eligibility as well as the eligibility of the business for the Bank's products and services. The authorized signatory authorizes the Bank to:

- Use his Social Insurance Number to prepare income tax slips as required by law and to facilitate his identification by credit bureaus, other financial institutions or Bank subsidiaries;*
- Use the personal information it holds, including that contained in closed or inactive files, for the purposes of any decision it is required to make with respect to his credit, the credit of the business or the services which are offered to them;
- Use all the personal information it holds to offer him other Bank products or services.

Communication by the Bank

The Bank may not sell or give lists of customers to third parties. However, the authorized signatory and the business authorize the Bank to communicate all the information it holds to:

- Any employee of the Bank or its subsidiaries if necessary in order to furnish the products and services requested and to offer any other product and service of the Bank and its subsidiaries;
- Any credit reporting agency, credit bureau, financial institution, employer or any other person with whom it maintains business relations, including, in particular, insurers of credit products;
- To its subsidiaries, affiliates, partners (as permitted by legislation) and to Ultramar Ltd. so that they may offer their products and services to the Applicant.

If the authorized signatory or the business do not agree to one or the other of the above uses, they must inform the Bank by calling 1 800 363-3339 (toll free) or 514 394-1410 in the Montreal area.

CONSULTATION AND CORRECTION

The authorized signatory acknowledges that the Bank has informed him of its right to consult and correct his personal information held by the Bank or credit reporting agencies if that information has been received by the Bank.

* For the purposes of this document, the subsidiaries of the Bank include all affiliated companies whose activities consist of providing the public, in Canada, with one or more of the following services: deposits, loans, other personal financial services, payment, credit or debit cards, trust and custodial services, securities and brokerage services and insurance services.

All communications sent by mail will be considered received on the date of receipt by the recipient.

16167-002 (02/2008REV) A3240

TERMS AND CONDITIONS

NAME OF REQUESTING COMPANY _____

AUTHORIZED REPRESENTATIVE OF REQUESTING COMPANY _____

SIGNATURE OF THE AUTHORIZED REPRESENTATIVE _____

MM / DD / YY
DATE

NAME OF THE AUTHORIZED SIGNATORY _____

SIGNATURE OF THE AUTHORIZED SIGNATORY _____



PLEASE SEND YOUR APPLICATION TO THE FOLLOWING ADDRESS: BUSINESS SERVICES, P.O. BOX 6024, STN. CENTRE-VILLE, MONTREAL, QC H3C 5B2 OR BY FAX, FROM MONTREAL, AT 514-394-6607 OR, FROM OUTSIDE MONTREAL, AT 1 866 394-8772.