



# Esso Business Account - Application

## Tell us about your business

- **SAVE valuable time and money** by letting us handle the paperwork for you
- **Give your business improved** cash flow flexibility
- **Help block unwanted spending** with easy-set controls

Legal Name of Business

Business Physical Address

City Province Postal Code

GST/HST Company Phone # Company Fax #

Legal Structure(Corp, Partnership, LLC, Proprietorship, Gov, PC or PA)  
\$

Years in Business Average Monthly Fuel Expense

English  French

Correspondence preference Number of vehicles

Business  Business Premier Plus

Card type?

## Billing Contact Information

Billing Contact First Name Billing Contact Last Name

Billing Contact Phone Number Billing Contact Email

Billing Address

City Province Postal Code

## Authorization

By signing below, I represent and warrant that I am authorized to bind the Applicant to the Business Charge Card Agreement, provided with this application and/or provided with the cards. I certify that the information provided in this application is correct. I further acknowledge that I have read and agree to the Summary of Key Terms enclosed.

X

Authorized Officer Signature Date

Print Name Email

## Title of Representative of Corporate Applicant

President  Vice President  Treasurer  Owner  Partner

## Tell us about yourself

Required if this account is for a business incorporated or a proprietorship, a professional corporation, or a unlimited liability company.

First Name Last Name

Residential Address City Province Postal Code

Driver's License Number Date of Birth

Home Phone Number Email Address

Sales Rep:  
Title:  
Email:  
Phone:  
Fax:

FOR OFFICE USE ONLY:

Sales Code	Group Code	Coupon Code	Acct. #
			0496

I agree and consent to the collection, use and disclosure of my personal information from time to time as contemplated in the enclosed Summary of Key Terms and, in particular, I consent to WEX Canada, Ltd. obtaining credit, financial and related personal or business information about me (including a consumer or credit report) from any credit bureau or credit reporting agency from time to time. WEX Canada Ltd. will provide me with the name and address of the credit bureau or credit reporting agency upon request. The consents provided above are effective as of the date of this Application and will be valid for as long as required to fulfill the purposes described in this Application and the Business Charge Card Agreement.

The Applicant understands that all invoices will be sent electronically.

X \_\_\_\_\_ Date

Signature

\_\_\_\_\_  
Print Name

## SUMMARY OF KEY TERMS OF CREDIT AGREEMENT

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**Privacy Notice:** I authorize WEX Canada, Ltd. as the card issuer (“Issuer”) to collect, use and disclose the information I have provided on this application, as well my credit bureau reports, as necessary to: (1) verify my identity; (2) evaluate my current and ongoing creditworthiness and consider this application for credit ; (3) administer, review or collect on the account; and (4) detect and prevent fraud and other unlawful activity, fulfil legal, regulatory and self-regulatory requirements and for other purposes as permitted or required by law. If I voluntarily provide my Social Insurance Number, I acknowledge that I am doing so to ensure the credit bureau information accurately refers to me. I agree that I may be contacted at the contact information that I have provided for the purposes of processing this Application, or if approved for an Account to discuss matters related to my Account. In the event that the account is not paid as agreed, Issuer may report my liability (personally and, for Corporate Accounts) to credit bureaus or others that may lawfully receive such information. The file containing my personal information will be maintained on the Issuer’s servers and will be accessible by authorized employees, representatives and agents. To request access to, or correction of, my personal information, or to ask any questions (including with respect to the Issuer’s use of service providers located outside of Canada) I may contact the Chief Compliance Officer for Issuer at (800)-842-0075.

I understand that I will be provided with the full terms associated with my Account which are provided with the cards. Use of any card issued pursuant to this application confirms my agreement as well as Company’s agreement, if applicable, to said terms and conditions. For Corporate Accounts, in the event that this application is denied based upon information contained in a consumer credit report used to evaluate credit, Issuer is authorized to report the reason for the denial to the Company. Direct inquiries of businesses where the undersigned maintains accounts may also be made. If requested, Company agrees to provide company financial statements, including at minimum, a Balance Sheet and Income Statement for the last two years upon request.

**Federal Compliance:** Issuer complies with Federal Law which requires all financial institutions to obtain, verify and record information that identifies each company or person who opens an account which may include information regarding your business owners. What this means for you: when you open an account, we may ask for your name, address, date of birth, or other information that will allow us to identify you or if applicable, your business owners. We may also ask to see your driver’s license and other identifying documents for your business.