



**BOB'S** FAST & FRESH  
CONVENIENCE



**As a member of the GNCC, you may enjoy:**

**3 CENTS PER LITRE\*** fuel discount off the retail posted pump price purchases at Gales Gas Bars

\* Fuel discount is based upon approved credit of the Gales Commercial Credit Account

Online access to your account at any time — providing you with an up-to-date transaction history for each card, your credit limit, your balance owing, and more!

Advanced safety and security measures in place.  
Bob's Fast & Fresh Convenience available at 4 service stations

Check out [www.gales.ca](http://www.gales.ca) for station locations and amenities, as well as company news!

**Contact Alenka Peter today!**

Office Manager, Gales Gas Bars Limited  
905-356-4820 - [apeter@gales.ca](mailto:apeter@gales.ca) - [www.gales.ca](http://www.gales.ca)





**APPLICATION FOR GALES COMMERCIAL CARD**  
80 King Street, Unit 3, St. Catharines ON L2R 7G1



If you need assistance or further information please contact the  
Greater Niagara Chamber of Commerce  
Ph: 905.684.2361 Fax: 905.684.2100 E: info@gncc.ca

To ensure prompt handling of your application please type or print and provide ALL information as requested.

**NAME OF BUSINESS** \_\_\_\_\_ **ONT. INC. #** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_  
**PROV.** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_ **PHONE #** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**OWNER'S NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_  
**PROV.** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**PARTNERS, PRINCIPALS OR COMPANY OFFICERS**

**NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_  
**NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**LEGAL STATUS**

☐ \*\*Sole Proprietor ☐ Partnership ☐ Incorporated \*\*Driver's License # Sole Prop \_\_\_\_\_  
Type of Business \_\_\_\_\_ How long established? \_\_\_\_\_

If this is a newly formed business the officers should include with their request for commercial card(s) a letter guaranteeing their company's account for card purchases. Provide financial statements if available.

**BANK NAME** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_

**CREDIT REFERENCES - LIST AT LEAST THREE**

1.	<b>FIRM NAME</b> _____	<b>ADDRESS</b> _____
	<b>PHONE</b> _____ <b>FAX</b> _____	<b>HOW LONG?</b> _____
	<b>TERMS</b> _____	<b>MONTHLY \$ AMOUNT</b> _____
2.	<b>FIRM NAME</b> _____	<b>ADDRESS</b> _____
	<b>PHONE</b> _____ <b>FAX</b> _____	<b>HOW LONG?</b> _____
	<b>TERMS</b> _____	<b>MONTHLY \$ AMOUNT</b> _____
3.	<b>FIRM NAME</b> _____	<b>ADDRESS</b> _____
	<b>PHONE</b> _____ <b>FAX</b> _____	<b>HOW LONG?</b> _____
	<b>TERMS</b> _____	<b>MONTHLY \$ AMOUNT</b> _____

**ANTICIPATED VOLUME PER MONTH:** \_\_\_\_\_ **LITRES** | \_\_\_\_\_ **DOLLARS**

**CUSTOMER COMMENTS**

\_\_\_\_\_

**TERMS**

It is understood that the company above mentioned and the owner(s) above mentioned are responsible for all charges at GALE'S GAS BARS LIMITED made to the account requested above, and that the above mentioned owner(s) and/or above mentioned company are responsible for the allocation of such cards issued to them by GALE'S GAS BARS LIMITED. An additional charge of 2% per month (daily rate of 0.0657%) will be added to every account for all monies owing and not received by the 20th for the previous month of charging. An additional 2% will be added every 30 days thereafter for overdue balances. This application is subject to a credit check on both owners and business. Minimum purchase of \$100 required.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(if other than applicant)