

SAVE

3¢
per litre

BOB'S FAST & FRESH
CONVENIENCE

GALES



**GET
PUMPED**

Get pumped for saving money on fuel with Gales!

- Gas & Diesel available – see www.gales.ca for locations
- Servicing the Niagara Region for over 4 decades
- 16 service stations (both full and self serve)
- 4 convenience stores

As a member of the Greater Niagara Chamber of Commerce, 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 Gas 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, etc.
- ✓ Advanced safety and security measures in place.
- ✓ **Bob's Fast & Fresh Convenience** available at 4 service stations
- ✓ Check out www.gales.ca for station locations and amenities, as well as company news!

LEARN MORE



Contact Melanie Mudge Today!

Controller, Gale's Gas Bars Limited / BOBs Fast & Fresh Convenience
4388 Portage Rd., Niagara Falls 905-356-4820 controller@gales.ca www.gales.ca





APPLICATION FOR GALES COMMERCIAL CARD
PO Box 940 One St. Paul St Suite 103 St. Catharines ON L2R 6Z4



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 ** Drivers 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. FIRM NAME _____ ADDRESS _____
 PHONE _____ FAX _____ HOW LONG? _____
 TERMS _____ MONTHLY \$ AMOUNT _____
2. FIRM NAME _____ ADDRESS _____
 PHONE _____ FAX _____ HOW LONG? _____
 TERMS _____ MONTHLY \$ AMOUNT _____
3. FIRM NAME _____ ADDRESS _____
 PHONE _____ FAX _____ HOW LONG? _____
 TERMS _____ MONTHLY \$ AMOUNT _____

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)