



1700, 440 – 2nd AVENUE S.W. CALGARY,
ALBERTA, CANADA T2P 5E9
TELEPHONE (403) 206-4000
FAX (403) 206-4001

Dear Sir or Madam:

RE: APPLICATION FOR CREDIT

Thank you for your interest in conducting business with Canwest Propane Partnership. To help us complete your business credit application in a timely manner, we ask that you please provide the following information:

- **A completed, signed credit application form (attached).**
- **Your most recent year-end audited financial statements and most recent quarterly financial statements.**

Please complete the application form and return it, along with your financial statements, either by email at credit@gibsons.com or by fax at (403) 206-4001. You are assured that any financial or sensitive information received will be held in strictest confidence and be used only by our Credit Department for credit evaluation purposes.

Should you have any questions regarding this application, please contact the undersigned at (403) 206-4000.

Yours truly,

Gibsons Credit Dept.



BUSINESS CREDIT APPLICATION

Upon completion please forward the form either by fax or e-mail to the following:

Fax: (403) 206-4001
E-mail: Credit@Gibsons.com

Business Requirements									
Settlement Terms: Upon receipt of invoice					Amount of credit required (30 day basis):				
Business Information									
Type of Company Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other (<i>Specify</i>):									
Registered Name of Business									
Registered Address									
City/Town				Province			Postal Code		
Telephone		Fax		Email			Internet Address		
Nature of Business								Years in Business	
Accounts Payable Contact and Contact Details (Inc: Name/Telephone/Fax/E-mail)									
<i>Name</i>		<i>Telephone</i>			<i>Fax</i>		<i>Email</i>		
Operating Name of Business – If different									
Operating Address of Business – If different									
Company Officers, Partners, Principals									
Name				Title					
Name				Title					
Name				Title					
Credit Information									
Bank Name				Account #		Transit #		Telephone	
Address						City/Town			
Name of Parent Company									
Address									
City/Town				Province			Postal Code		
Telephone				Fax					
Nature of Business								Years in Business	
Credit Cards (<i>to be used for payment</i>)									
Card #					Expiry Date		Month	Year	
Charge Sales to Card (check if yes) <input type="checkbox"/>					Credit Card Authorization (check one) Each Delivery <input type="checkbox"/> At End of Month <input type="checkbox"/>				
PO's Required (check if yes) <input type="checkbox"/>									

References	
Company Name	Contact
Address	
Telephone	Fax
Company Name	Contact
Address	
Telephone	Fax
Company Name	Contact
Address	
Telephone	Fax
<p>We make application for a credit account with Canwest Propane Partnership. I affirm that I am duly authorized to complete the application and confirm the information I have provided is true to the best of my knowledge.</p> <p>I authorize Canwest Propane Partnership and/or its parent company, Gibson Energy ULC to make investigations of our credit standing for which this application is made, as deemed to be necessary by Canwest Propane Partnership and/or its parent company, Gibson Energy ULC.</p> <p>For accounts past due over 30 days, interest may be charged at 24% per annum.</p>	
Signature	Date
Applicants Name (Please Print)	Applicants Title