



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 Gibson Energy 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

| | | | |
|---|------------------|--|---------------------------|
| Product: Truck Transportation | | | |
| Business Requirements | | | |
| Oil Settlement: Upon receipt of invoice. | | Amount of credit required (55 day basis): | |
| Business Information | | | |
| Type of Company | Limited Company | Partnership | 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, Principles | | | |
| 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 |

| 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 Gibson Energy Partnership. I affirm that I am duly authorized to complete this application and confirm the information I have provided is true to the best of my knowledge. I authorize Gibson Energy Partnership and/or its managing partner, Gibson Energy ULC to make investigations of our credit standing for which this application is made, as deemed to be necessary by Gibson Energy Partnership and/or its managing partner, 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 |