

Company Contact Information

Company Name: Required

Fleet Manager Name: Required

Fleet Manager E-mail Address: Required

Telephone Number: (10-digit) Required

Fax Number: (optional) (10-digit)

Sales Representative Name:(optional)

Petro-Canada Marketer Name: Required
(Who delivers fuel to you?)

Enter your 7 digit account number(s) below:
(At least 1 Wholesale Account number is required, up to a maximum of 10) 1 Required

Account #	Description (optional)	Account #	Description (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

On-Site Refuelling On line Administrator

Administrator (Access to all the above accounts and reports for those accounts)
(Can Add and Edit Other Users in the same Company)

Full Name:

E-mail Address:

Language Preference: English French

Telephone Number: (10-digit)

Security Password:

On-Site Refuelling On line User and Access Level

User (Non-administrative) -optional-

Full Name:

E-mail Address:

Language Preference: English French

Telephone Number: (10-digit)

Security Password:

Account #	See Prices ? (Select one for each account)	Account #	See Prices ? (Select one for each account)
<input type="text"/>	<input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed	<input type="text"/>	<input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed
<input type="text"/>	<input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed	<input type="text"/>	<input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed
<input type="text"/>	<input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed	<input type="text"/>	<input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed
<input type="text"/>	<input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed	<input type="text"/>	<input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed
<input type="text"/>	<input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed	<input type="text"/>	<input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed

Note: These account numbers must be some or all of the accounts from the company information above.

User Authorization Sign Off

I hereby authorize the above named party to access the accounts(s) named above in accordance with the terms and conditions of the **On-Site Refuelling** On line Services Agreement. I am an authorized signing officer of the company and I have the authority to bind the corporation. By checking I agree to these statements.

Full Name:

I agree to the above statements

On-Site Legal Information and Agreement Sign Off

View the On-Site Legal Information and Agreement

I am an authorized signing officer of the company and I have the authority to bind the corporation.

By checking "I agree", I acknowledge that I have read and agree to the terms set forward in the **On-Site Refuelling** Legal Information and Agreement

Full Name:

I agree to the above statements