Shell TRITON Application Form (please print) Fax to: 1 (800) 581-9036

1 Complete the Application Form

Legal Business Name ("the applicant")

Business Name to be printed on cards (max. 27 characters)

Address

City Province

Postal Code Cellular ( )

Telephone ( ) Fax ( )

Email

Years in Business Nature of Business

Language Preference ☐ English ☐ French

Legal Status ☐ Individual Proprietorship ☐ Partnership ☐ Corporation

Parent corporation (if a subsidiary)

Bank Reference

Please supply your basic banking details.

Bank Name

Address

Account Number

Contact Name

Telephone ( ) Fax ( )

Estimated Monthly Purchases:

$

Are you tax exempt?

Please indicate if you are exempt from Federal or Provincial Taxes.

☐ No ☐ Yes (If Yes, we will contact you for confirmation of your tax exempt status.)

Product Category Card Purchase Restrictions:

Please select one of the card purchase restrictions below. Card purchase restrictions can be changed at any time by calling our Customer Service Center.

☐ All Product Categories

☐ Fuel Only

☐ Fuel, Car Wash, Washer Fluid, and Oil only

Select Card Options

How many cards do you require?

Card Embossing ☐ Additional embossing required

Your business name is automatically embossed on the first line of each card. If you want additional embossing, check the box and Shell's customer service will call to assist you.

2 Choose your Billing Options

Please pick ONE Frequency/Terms option.

☐ Invoiced weekly, with 7 day terms ☐ Invoiced monthly, with 25 day terms

Statement Options:

☐ Email ☐ Mail ☐ Fax

Please select only ONE of the following methods of payment. If you select Pre-Authorized Debit, you must also complete Step 2A. If not, please proceed to Step 3.

☐ Shell's Pre-Authorized Debit Program (You must also complete Step 2A)

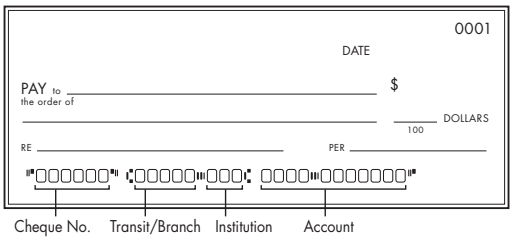
☐ Electronic Funds Transfer ☐ Pay at your Local Bank

☐ Online/Telephone Banking ☐ Pay by Mail

2A Pre-Authorized Debit

Please provide account information details.

Where to find your account information:



Canadian Dollar Account

Canadian Bank/Financial Institution information (Payer)

Transit/Branch Number Institution Number

Account Number

Name of Financial Institution

Branch Name

Branch Address

City Province Postal Code

☐ I have included a void cheque with my application.

This is required to set up Pre-Authorized Debit payments for your new card account. If you decide not to include a cheque at this time, we will contact you shortly to request one.

Title

Name

Date

Signature

3 Sign the Application

Authorized Signing Officer(s), Principal(s), Partner(s), or Proprietor(s)

By signing below, I am agreeing with you, Shell Canada Products, to everything written here and in the Shell TRITON Card Terms and Conditions which forms part of this application.

Title

Name

Date

Signature

Please provide you AIR MILES® Collector Card number

BC CHAMBER OF COMMERCE

(see over for Terms and Conditions)

Shell TRITON Card Terms and Conditions

I consent to Shell Canada Products and its affiliates, subsidiaries, successors and assigns ("Shell") using, obtaining from, exchanging with or disclosing to third parties all information concerning the applicant, that has been or may hereafter be acquired in connection with this application for the purposes of conducting credit investigations, ensuring the accuracy of the information contained in this application, processing this application, entering into, administering, performing and enforcing any agreement or transaction in connection with the credit applied for in this application and providing account services for any credit card(s) issued to the applicant.

I understand that Shell will share certain Business related information, such as transaction data and contact information, with the Retailer of the station to which the discount benefit of this product is linked.

I consent to the transfer of the information contained in my application to locations outside of Canada. As such, I understand that foreign governments, courts, regulatory agencies or law enforcement personnel may be able to obtain disclosure of any information provided in this application including information, if any, about natural persons, through the laws of the applicable jurisdiction which may be different than the laws of Canada.

I certify that the information in this application is true and confirm that I am duly authorized to complete this application on behalf of the applicant. I confirm that the credit card(s) will be used for business purposes only. I certify that I have read and accept these terms and conditions. I agree that the use of the credit card(s), constitutes acceptance of the card agreement which will accompany the credit card(s) when issued.

Pre-Authorized Debit ("PAD") Plan Terms and Conditions

1. In these terms and conditions, the following terms shall have the following meanings:

   "Account" means your business account at the Financial Institution(s) chosen by you to be drawn under this authorization;
   "Business PAD" means a pre-authorized debit drawn on your Account for payment of the full balance owing by you to Shell in connection with your business or commercial activities; and
   "Financial Institution" means your financial institution(s) chosen by you and indicated in this Authorization as the financial institution payor; "you" and "your" means the business applicant payor agreeing to participate in the PAD plan indicated.

2. You agree to participate in this Business PAD plan and you authorize Shell to draw, and your Financial Institution to honour and pay, Business PADs drawn on your Account at your Financial Institution for payment of the full balance owing by you to Shell when due. You agree that any direction that you provide to draw a Business PAD, and any Business PAD down in accordance with this Authorization, shall be binding on you.

3. This Authorization is for business purposes only and relate to commercial activities with Shell and not to personal or household activities.

4. You may revoke this Authorization at any time by delivering written notice of revocation to Shell at least 10 business days prior to the next due date of a Business PAD. The contact information for Shell Canada Products is 400 - 4th Avenue SW, PO Box 100, Station M, Calgary, AB, T2P 2H5, attention: Commercial Fleet Solutions. You acknowledge that as this Authorization applies only to method of payment, any cancellation of this Authorization has no effect whatsoever with respect to any contract for goods or services to which the PAD relates. To make inquiries, obtain information or seek recourse with respect to this Authorization, you may contact Shell at the address set out in this clause. You may obtain a cancellation form or further information on your right to cancel this authorization at your Financial Institution or by visiting www.cdnpay.ca .

5. You agree that your Financial Institution is not required to verify that any Business PAD has been drawn in accordance with this Authorization including amount, frequency and fulfillment of any purpose of any Business PAD.

6. You agree delivery of this Authorization to Shell constitutes delivery by you to your Financial Institution. You agree that Shell may deliver this Authorization to its financial institution. You consent to the disclosure by Shell to its financial institution of any personal and business information contained in this Authorization that is directly related to and necessary for the proper application of the Rules of the Canadian Payments Association ("CPA") Applicable to the Province of Quebec only: Such consent constituting the consent required under the legislation pertaining to the protection of personal information in the private sector. (L.R.Q.c.P39.1)

7. You agree to waive the notice requirements under the Rules of the CPA, whichever is applicable: (a) with respect to fixed amount Business PADs, the 10 calendar days written notice (to be given before the due date of the first Business PAD and prior to each and every change in the amount or payment(s) date) of the amount to be debited and the due date(s) of debiting; (b) with respect to variable Business PADs, the 10 calendar days written notice (to be given before the due date of every Business PAD) of the amount to be debited and the due date(s) of debiting (c) with respect to Business PAD plans that provide for the issuance of a Business PAD in response to your direct action (such as, but not limited to, a telephone instruction) requesting Shell to issue a Business PAD in full or partial payment of a billing received by you, the 10 calendar days written notice.

8. You may dispute a Business PAD by providing a signed declaration to your Financial Institution that: (a) the Business PAD was not drawn in accordance with this Authorization; (b) this Authorization was revoked in compliance with Article 4 above or (c) confirmation of an electronic PAD agreement was not received by you within 15 days of submitting such. You acknowledge that in order to obtain reimbursement from your Financial Institution for the amount of a disputed Business PAD, you must sign a declaration to the effect that either (a) or (b) above took place and present it to your Financial Institution up to and including but not later than 10 business days after the date on which the disputed Business PAD was posted to your Account. You acknowledge that after this 10 day period, you shall resolve any dispute regarding a Business PAD solely with Shell and that your Financial Institution shall have no liability to you respecting any such Business PAD.

9. You have certain recourse rights if any debit does not comply with this Authorization. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on your recourse rights, you may contact your Financial Institution or visit www.cdnpay.ca.

10. You warrant that all information about your Account is accurate and you shall notify Shell, in writing, of any change in your Account information provided in this Authorization at least 10 business days prior to the next due date of a Business PAD. In the event of any such change this Authorization shall continue in respect of any new Account to be used for Business PADs.

11. You confirm that all persons whose signatures are required to sign on the Account have signed this Authorization.

12. You covenant that you have read and understood and agree to all terms and conditions described in this Authorization.

13. (Applicable in the Province of Quebec only) You covenant that you have obtained a legal opinion from a legal counsel of your choice with respect to the implications of your execution of this Authorization prior to agreeing to this Authorization. You and Shell herein acknowledge that each has requested and consented to have this Agreement and all documents and correspondence ancillary thereto drafted in English only. Les parties aux présentes reconnaissent qu'elles ont demandé et accepté que la présente convention ainsi que tous les documents et toute la correspondance connexes soient rédigés en anglais seulement.