



FCCQ

- **SAVE valuable time and money** by letting us handle the paperwork for you
- **Give your business improved** cash flow flexibility
- **Help block unwanted spending** with easy-set controls

# Esso and Mobil Business Account - Application

## Tell us about your business

Legal Name of Business \_\_\_\_\_

Business Physical Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

GST/HST \_\_\_\_\_ Company Phone # \_\_\_\_\_ Company Fax # \_\_\_\_\_

Legal Structure(Corp, Partnership, LLC, Proprietorship, Gov, PC or PA) \_\_\_\_\_  
\$ \_\_\_\_\_

Years in Business \_\_\_\_\_ Average Monthly Fuel Expense \_\_\_\_\_

English  French

Correspondence preference \_\_\_\_\_ Number of vehicles \_\_\_\_\_

Business  Business Premier Plus

Card type? \_\_\_\_\_

## Billing Contact Information

Billing Contact First Name \_\_\_\_\_ Billing Contact Last Name \_\_\_\_\_

Billing Contact Phone Number \_\_\_\_\_ Billing Contact Email \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

## Authorization

By signing below, I represent and warrant that I am authorized to bind the Applicant to the Business Charge Card Agreement, provided with this application and/or provided with the cards. I certify that the information provided in this application is correct. I further acknowledge that I have read and agree to the Summary of Key Terms enclosed.

X

Authorized Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Email \_\_\_\_\_

## Title of Representative of Corporate Applicant

President  Vice President  Treasurer  Owner  Partner

## Tell us about yourself

Required if this account is for a business incorporated or formed less than three years, a proprietorship, a professional corporation, or a unlimited liability company.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Residential Address City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Social Insurance # (Optional) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Sales Rep:  
Title:  
Email:  
Phone:  
Fax:

FOR OFFICE USE ONLY:

Sales Code	Group Code	Coupon Code	Acct. #
			0496

I agree and consent to the collection, use and disclosure of my personal information from time to time as contemplated in the enclosed Summary of Key Terms and, in particular, I consent to WEX Canada, Ltd. obtaining credit, financial and related personal or business information about me (including a consumer or credit report) from any credit bureau or credit reporting agency from time to time. WEX Canada Ltd. will provide me with the name and address of the credit bureau or credit reporting agency upon request. The consents provided above are effective as of the date of this Application and will be valid for as long as required to fulfill the purposes described in this Application and the Business Charge Card Agreement.

---

The Applicant understands that all invoices will be sent electronically.

X \_\_\_\_\_ Date

Signature

\_\_\_\_\_  
Print Name

## SUMMARY OF KEY TERMS OF CREDIT AGREEMENT

---

**Privacy Notice:** I authorize WEX Canada, Ltd. as the card issuer (“Issuer”) to collect, use and disclose the information I have provided on this application, as well my credit bureau reports, as necessary to: (1) verify my identity; (2) evaluate my current and ongoing creditworthiness and consider this application for credit ; (3) administer, review or collect on the account; and (4) detect and prevent fraud and other unlawful activity, fulfil legal, regulatory and self-regulatory requirements and for other purposes as permitted or required by law. If I voluntarily provide my Social Insurance Number, I acknowledge that I am doing so to ensure the credit bureau information accurately refers to me. I agree that I may be contacted at the contact information that I have provided for the purposes of processing this Application, or if approved for an Account to discuss matters related to my Account. In the event that the account is not paid as agreed, Issuer may report my liability (personally and, for Corporate Accounts) to credit bureaus or others that may lawfully receive such information. The file containing my personal information will be maintained on the Issuer’s servers and will be accessible by authorized employees, representatives and agents. To request access to, or correction of, my personal information, or to ask any questions (including with respect to the Issuer’s use of service providers located outside of Canada) I may contact the Chief Compliance Officer for Issuer at (800)-842-0075.

I understand that I will be provided with the full terms associated with my Account which are provided with the cards. Use of any card issued pursuant to this application confirms my agreement as well as Company’s agreement, if applicable, to said terms and conditions. For Corporate Accounts, in the event that this application is denied based upon information contained in a consumer credit report used to evaluate credit, Issuer is authorized to report the reason for the denial to the Company. Direct inquiries of businesses where the undersigned maintains accounts may also be made. If requested, Company agrees to provide company financial statements, including at minimum, a Balance Sheet and Income Statement for the last two years upon request.

**Federal Compliance:** Issuer complies with Federal Law which requires all financial institutions to obtain, verify and record information that identifies each company or person who opens an account which may include information regarding your business owners. What this means for you: when you open an account, we may ask for your name, address, date of birth, or other information that will allow us to identify you or if applicable, your business owners. We may also ask to see your driver’s license and other identifying documents for your business.

# Certification of Beneficial Ownership

## I. GENERAL INSTRUCTIONS

### What is this form?

Federal regulations now require **all banks** to verify the ownership of certain business types when they open a new account.

You will be asked to identify any beneficial owners of this business, plus one person with significant managing control. The required information includes Name, Address, Date of Birth, and Social Security Number (or Passport Number, in the case of foreign persons). The Bank may also ask to see a copy of a driver's license or other identifying document for each person listed on this form.

**To learn more about this requirement:** Visit [wexinc.com/beneficial-ownership](http://wexinc.com/beneficial-ownership)

**To submit this information:** Please return this completed form with your business application.

## II. ACCOUNT OPEN INFORMATION

The person opening an account on behalf of this business must provide the following information:

\_\_\_\_\_

Name of Person Opening Account

\_\_\_\_\_

Title

\_\_\_\_\_

Business Name

\_\_\_\_\_

Physical Address of Business (No P.O. Boxes)

\_\_\_\_\_

Legal Structure

**If your legal structure is exempt (see list on right), check "Exempt" below and skip Sections III, IV and V.**

**Exempt**

## III. BENEFICIAL OWNERS

Identify **up to four** beneficial owners of this business, or individuals (if any) who own 25 percent or more of the equity interests. **If no individuals meet this definition, check "Beneficial Owner Not Applicable" below and skip this section.**

**Beneficial Owner Not Applicable**

All fields are required for each beneficial owner, except as noted below:

- **For persons with a Social Security Number (SSN):** Provide the SSN and leave Passport/Other Government ID # and Issuing Country blank.
- **For foreign persons without a SSN:** Leave SSN blank and provide a Passport Number (or Other Government ID #) and the Issuing Country.

### Which businesses have to provide this information?

#### Required

The following legal entities must provide the requested information:

- Corporations
- Limited Liability Companies
- Partnerships
- Any other similar business entities formed in the United States or a foreign country.

#### Exempt

The following legal entities are exempt from this requirement:

- Non-Statutory Trust
- Bank/Bank Holding Co/Credit Union
- Federal/State/Local Government Agency or Authority
- Public Company and Majority Owned Affiliate
- Investment Company/Adviser
- Public Accounting Firm
- Insurance Company
- Non-Profits (Must identify a person with control. See Section IV)

*NOTE: The following do not meet the definition of legal entity, and are not required to submit this form:*

- *Natural Person*
- *Sole Proprietorship*
- *Unincorporated Association*

The info provided on this form is for validation or consumer verification only. It will not affect personal credit or imply liability.

## Beneficial Owner 1

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Residential Address (no P.O. Boxes)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address Line 2 (optional)

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
City

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Passport/Other Government ID #

\_\_\_\_\_  
Country of Residence

\_\_\_\_\_  
Issuing Country

\_\_\_\_\_  
Postal Code

## Beneficial Owner 2

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Residential Address (no P.O. Boxes)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address Line 2 (optional)

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
City

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Passport/Other Government ID #

\_\_\_\_\_  
Country of Residence

\_\_\_\_\_  
Issuing Country

\_\_\_\_\_  
Postal Code

## Beneficial Owner 3

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Residential Address (no P.O. Boxes)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address Line 2 (optional)

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
City

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Passport/Other Government ID #

\_\_\_\_\_  
Country of Residence

\_\_\_\_\_  
Issuing Country

\_\_\_\_\_  
Postal Code

## Beneficial Owner 4

---

_____ First Name	_____ Residential Address (no P.O. Boxes)
_____ Last Name	_____ Address Line 2 (optional)
_____ Date of Birth (mm/dd/yyyy)	_____ City
_____ Social Security #	_____ State/Province
_____ Passport/Other Government ID #	_____ Country of Residence
_____ Issuing Country	_____ Postal Code

## IV. PERSON WITH CONTROL

---

Identify one individual with significant responsibility for managing this business — for example, an executive officer, senior manager, or any other person who regularly performs similar functions. If appropriate, an individual listed as beneficial owner above must also be listed in this section. **If no beneficial owners are listed above, this information is still required.**

_____ First Name	_____ Residential Address (no P.O. Boxes)
_____ Last Name	_____ Address Line 2 (optional)
_____ Title	_____ City
_____ Date of Birth (mm/dd/yyyy)	_____ State/Province
_____ Social Security #	_____ Country of Residence
_____ Passport/Other Government ID #	_____ Postal Code
_____ Issuing Country	

## V. CERTIFIED/AGREED TO

---

I, \_\_\_\_\_, hereby certify, to the best of my knowledge,  
Print Name  
that the information provided above is complete and correct.

_____ Signature	_____ Date
--------------------	---------------