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Access Device(s) Agreement
 (for Fuel Depot Purchases Only)
ALL SITES

AFE / PO# : _____ Job # : _____ Other : _____

PLEASE PRINT:

Date: _____ Authorized Representative's Name: _____
 Office Phone: _____ Fax: _____ Position: _____
 Company Name: _____ Cell Phone: _____
 Billing Address: _____ Type of Device: Card Key Fob
 # of Devices Needed: _____
 Postal Code: _____ Site: _____

I, _____, representing _____ confirm that the customer and myself shall be responsible for all associated fuel costs, spillage, damages or other costs caused by or associated with all signed Card(s), regardless of whether such fuel is taken by myself, the customer or third parties using the Card(s) with or without authority. I authorize AFD Petroleum Ltd. to check credit references and history. The fuel is provided on an "as is" basis and AFD Petroleum Ltd. disclaims any and all express or implied warranties or conditions with respect to fuel (any claims shall be as against the refinery only). I agree that we ("the above company", its employees, our sub- contractors and I): (i) are at our own risk and that AFD Petroleum Ltd., its owners and employees are not liable for any damages, injuries, accidents, spills, deaths suffered from the use of AFD Petroleum Ltd. equipment and fuel or its affiliated suppliers' equipment and fuel (including special, indirect or consequential damages, economic losses, loss of profit, loss of use, loss of contract, loss of production, loss of revenue, business interruption, or increased cost of working), (ii) shall indemnify and hold harmless AFD Petroleum Ltd. against any liabilities or damages it may suffer directly or indirectly from our usage of the Card(s), fuel or facilities, and (iii) shall pay interest on arrears at 2% per month (24 % per annum nominal rate of interest), calculated and compounded monthly, until payment in full, and shall bear all costs incurred in collections including legal costs (on a solicitor client basis) and (iv) payment shall be made net 10 days from invoice date.

Type of fuel required for Card(s) (Please check all that apply or leave blank to decline) *Some products may not be available at all locations*
 Dyed Diesel Clear Diesel Regular Clear Gas

Amount of fuel required for Card(s) (monthly estimated) -- TEFU # required to purchase DYED products in ALBERTA ONLY **TEFU #:** _____
 Dyed Diesel: _____ Clear Diesel: _____ Regular Clear Gas: _____

User Entry Card Options (leave blank to decline)
 Prompt for User Entry at time of use (shown on reports only): Prompt for Odometer Entry at time of use:

Access Device # (Office Use ONLY)	**PIN #	*Access Device Label	Date Assigned (Office Use ONLY)

Access Device # (Office Use ONLY)	**PIN #	*Access Device Label	Date Assigned (Office Use ONLY)

*Access Device Label - You may add a unit # or user's name for display on reports and invoices.
 ** PIN # - You can choose a four digit number or we can assign one for you.

 (Applicant's Signature)

 (AFD Rep Signature)

- Please Contact AFD for any of the following:**
- If your Card is lost or stolen (call immediately)
 - Replacement cards
 - To enable the Card for additional products
 - Change of mailing address or e-mail

- Important for your protection:**
- Retain a copy of this form in a safe place
 - Memorize your P.I.N. number
 - Keep your P.I.N. number confidential
 - Keep Card and P.I.N. number separate.

Please fax completed agreement to (780) 438-5707 or email:
Alberta/British Columbia: CSR@afdpetroleum.com / **Yukon/NWT:** CSRYT@afdpetroleum.com
 AFD will contact you at the above number with information on obtaining the assigned Card(s) and PIN numbers.

AFD OFFICE USE ONLY	
Account Number	Location