

\*\*Required fields

1 CONTACT INFORMATION

LEGAL BUSINESS NAME\*\*

MAILING ADDRESS\*\*

CITY\*\*

PROVINCE\*\*

POSTAL CODE\*\*

ADMINISTRATIVE CONTACT\*\*

TELEPHONE\*\*

CELL PHONE

FAX

EMAIL\*\*

2 CHOICE OF PRODUCT\*\*

☐ CARDLOCK    ☐ RETAIL    ☐ BULK/ONSITE

3 CARDLOCK CARD OPTIONS\*\*

CARD WITH PRODUCT RESTRICTIONS

☐ DIESEL    ☐ REGULAR    ☐ DEF

☐ ODOMETER READING    ☐ ODOMETER AND OTHER ENTRY FIELDS FOR DRIVERS

☐ VEHICLE NUMBER

CARD WITHOUT PRODUCT RESTRICTIONS  
(ACCESS TO ALL FUELS EXCEPT MARKED)

☐ WITHOUT OPTIONS    ☐ OTHER ENTRY FIELDS FOR DRIVERS

4 FLEET CARD OPTIONS\*\*

☐ SECURE ID ONLY    ☐ VEHICLE NUMBER, SECURE ID, ODOMETER AND JOB NUMBER

☐ SECURE ID AND ODOMETER    ☐ VEHICLE NUMBER AND SECURE ID

☐ SECURE ID, ODOMETER AND JOB NUMBER    ☐ VEHICLE NUMBER, SECURE ID AND JOB NUMBER

☐ VEHICLE NUMBER, SECURE ID AND ODOMETER    ☐ SECURE ID AND JOB NUMBER

5 SITE AUTHORIZATIONS\*\*

☐ AB    ☐ BC    ☐ NB    ☐ NL    ☐ NS    ☐ NT    ☐ ON    ☐ QC    ☐ SK    ☐ YT

6 CARD INFORMATION & CUSTOMIZATION\*\*

NUMBER OF CARDS REQUIRED\*\*: .....

PLEASE INDICATE THE CARDHOLDERS' NAMES

One name or identifier (different from company name) per line. No symbols (%\$#@^&\*()!), no more than 24 letters per line. If more than 8 cards, please attach an extra page.

1. ....

7. ....

2. ....

8. ....

3. ....

9. ....

4. ....

10. ....

5. ....

11. ....

6. ....

12. ....

7 BULK/ONSITE PRODUCT OPTIONS\*\*

☐ DIESEL    ☐ GASOLINE    ☐ PROPANE    ☐ LUBRICANTS

8 COMMENTS

CARDLOCK AND FLEET CARDS - The Customer is responsible for cancelling lost or stolen cards and is liable for all purchases incurred until the card is cancelled by the Customer. In the event that the Customer cannot access their account online the Customer is responsible for notifying Parkland of the lost/stolen card by calling 1-888-871-4404.

The use of this card constitutes an acceptance of the contract that will be attached to the card when issued.

☐ I have read and agree to all the above mentioned conditions. I am authorized to make this request.

DATE (MM/DD/YY)\*\*

POSITION\*\*

PRINTED NAME\*\*

SIGNATURE (signing officer)\*\*

By Email:

CNLA@Parkland.ca

By Mail:

Parkland Corporation

1800, 240 - 4 Avenue SW

Calgary, AB T2P 4H4