

FEDERATED CO-OPERATIVES LIMITED

PH: (306) 244-3311 FAX: (306) 244-3403
P.O. Box 1050, 401 22nd Street East
Saskatoon, Saskatchewan, Canada
S7K 3M9



2008

Dear **Mechanical Contractors Association of Saskatchewan** members,

Federated Co-operatives Limited is pleased to offer members of the **Mechanical Contractors Association of Saskatchewan** the following pricing subject to FCL approval:

- Co-op Commercial Fleet Card discount of 2.0¢ for all products (gas/diesel/propane)

Pricing for the Co-op Commercial Fleet Card is based on a cents/litre discount off the posted street price at the station. Fleet Card purchases are available for fuel only, as cigarettes and any other sundry items are not accepted; however, a \$25 maximum for top-up oil, wiper blades, and windshield anti-freeze is an available option for each card and can be added at your leisure.

Furthermore, every FCL account qualifies you for an oil discount based on volume from any western Canadian Co-op/TEMPO location. Purchasing oil on your FCL Fleet Card is an easy way for a member's accounting and flexibility, as all oil is billed on one invoice and at one price.

In order to qualify for this discount each member of the **M.C.A.S.** must apply for a FCL petroleum account. An application form is attached to this letter. Upon successful application and approval, **M.C.A.S** members will receive FCL Fleet Cards. Once an account is approved please contact **Judy Nagus** and provide her with your FCL petroleum account number. Judy will then submit the petroleum account numbers and **M.C.A.S** member names into FCL to qualify for the above discount. Please forward your application form and account numbers to Judy by **Fax: (306) 653-7233** or **E-Mail: mcask@sasktel.net**.

Cardlock pricing will also be offered to members at competitive prices upon request, subject to market conditions and approval by FCL. As well, retail delivered pricing is available to **M.C.A.S** members upon request, subject to approval by FCL.

Existing MCAS members who currently hold a local Co-op membership are encouraged to speak with their local co-op petroleum manager before they consider changing programs. In order to ensure they receive the best services possible.

Please contact me if you have any further questions regarding the benefits of the Co-op/TEMPO Fleet Card and cardlock program.

Nick Pawluk – Saskatoon Region Petroleum Sales Specialist
Federated Co-operatives Limited
Phone: (306) 244-3209
Fax: (306) 244-3403
E-mail: n.pawluk@fcl.ca

COMMERCIAL PETROLEUM ACCOUNT APPLICATION

You May Fax This To (306) 244-3403

1. IDENTIFICATION

NAME OF APPLICANT (As it is to appear on the card) _____ Telephone () _____
 TRADE NAME/BUSINESS NAME (if different from above) _____ Fax No. () _____
 Address _____ E-Mail Address: _____
 City, Town or Village _____ Province _____ Postal Code _____

2. COMPANY INFORMATION

NATURE OF BUSINESS _____ ANNUAL SALES \$ _____
 CHECK ONE BOX CORPORATION PARTNERSHIP PROPRIETORSHIP GST REGISTRATION NUMBER _____
 LENGTH OF TIME IN BUSINESS _____ YEARS INCORPORATION DATE _____ PROVINCE OF REGISTRATION _____
 IF A SUBSIDIARY, BRANCH OR DIVISION, PLEASE STATE PARENT CORPORATION Name _____ Telephone () _____
 Address _____ City, Town or Village _____ Province _____ Postal Code _____

FINANCIAL STATEMENTS FOR THE YEAR OF _____ PREPARED. WILL PROVIDE COPY YES NO ATTACHED FINANCIAL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE.
 COMPANY OFFICERS, PARTNERS OR PROPRIETORS _____ TITLE _____ HOME ADDRESS (PARTNERS OR PROPRIETORS) _____ BIRTH DATE _____

3. REFERENCES

FINANCIAL INSTITUTION _____ CITY _____ PROVINCE _____ ACCOUNT # _____ TRANSIT # _____
 NAME _____ FAX #s _____
 Previous Name and Address (If Less Than 1 Year) _____
 TRADE SUPPLIER NAME _____
 TRADE SUPPLIER NAME _____
 PRESENT FUEL SUPPLIER _____
 ARE THERE ANY LEGAL ACTIONS PENDING AGAINST YOU? YES NO HAVE YOU EVER GONE THROUGH BANKRUPTCY? YES NO

Do you currently have or have you previously had an account with Federated Co-operatives Limited? YES NO If Yes please indicate account number? _____
 MONTHLY FUEL PURCHASES OF ALL ACCOUNT TYPES: \$ _____ OR _____ LITRES

4. PLEASE READ AND SIGN BELOW

I/We the undersigned: (A) certify all the above information and any further information provided to FEDERATED CO-OPERATIVES LIMITED (FCL) to be true, complete and correct; (B) request FCL issue card(s) to me/us as indicated above, and renewals or replacements thereof from time to time at your discretion; (C) agree to read and be bound by the terms and conditions of the agreement which will accompany notification of the account when approved and that use of such card(s) shall evidence receipt of such agreement; (D) understand that I/we will be required to pay our account balance in full each month; (E) acknowledge that FCL reserves the right to cancel the account herein if my/our purchases do not meet minimum program requirements; and (F) authorize and consent to the receipt and exchange of credit information with any credit reporting agency, credit bureau or any person or corporation with whom I/we have or propose to have financial relations.

NAME OF APPLICANT _____ Signed Jointly & Severally (Partners or Proprietors)
 Date _____ Authorized Signature _____ Title _____
 Date _____ Authorized Signature _____ Title _____

5. ACCOUNT TYPES

a) BULK FUEL AND/OR CREDIT CARD AND/OR CARDLOCK

NO. OF CARDS	UNIT NO.	FREQUENCY		INVOICE OPTIONS	
		MONTH END	MONTH & MON. END	INVOICE FOR EACH	SUB TOTAL
<input type="checkbox"/> YES	<input type="checkbox"/> MID MONTH	<input type="checkbox"/> MONTH END	<input type="checkbox"/> NO. MON. & MON. END	<input type="checkbox"/> UNIT NUMBER	<input type="checkbox"/> CARD/UNIT
<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> MONTH END	<input type="checkbox"/> NO. MON. & MON. END	<input type="checkbox"/> CUSTOMER	<input type="checkbox"/> CARD NUMBER
	<input type="checkbox"/> WKLY./FRU. & MON. END	<input type="checkbox"/> MONTH END	<input type="checkbox"/> NO. MON. & MON. END	<input type="checkbox"/> CARD NO./UNIT NO.	<input type="checkbox"/> NONE
		<input type="checkbox"/> WKLY./FRU. & MON. END	<input type="checkbox"/> MONTH END	<input type="checkbox"/> CARD NUMBER	<input type="checkbox"/> UNIT NO.

NO. OF CARDS	PRODUCTS	ODMETER	UNIT NO.	TYPE OF CARD	
				LOCAL	NATIONAL
<input type="checkbox"/> GASOLINE	<input type="checkbox"/> DIESEL	<input type="checkbox"/> YES - 0	<input type="checkbox"/> YES - 0	<input type="checkbox"/> LOCAL	<input type="checkbox"/> MONTH END
<input type="checkbox"/> PROPANE	<input type="checkbox"/> NO - 1	<input type="checkbox"/> NO - 1	<input type="checkbox"/> NO - 1	<input type="checkbox"/> PROV.	<input type="checkbox"/> MONTH & MONTH END
				<input type="checkbox"/> NATIONAL	<input type="checkbox"/> WKLY./FRU. & MONTH END

Invoice Options: CUSTOMER - BY CARD NO. _____ CARD NO. _____ CUSTOMER - BY UNIT NO. _____ UNIT NO. _____

Please Note:
 *Please complete "all" requested information
 *Please Print Neatly

For Office Use Only: Territory: _____ Acct. Rep: _____