

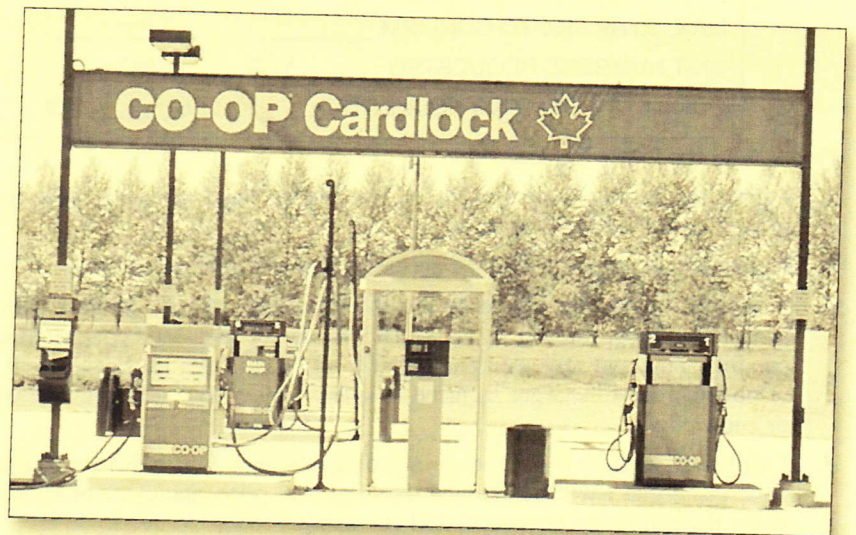
NOW OPEN

Hamiota Co-op Cardlock

OPEN

24 HOURS
A DAY

365 DAYS
A YEAR



Featuring **Gas & Diesel**

– Dyed farm fuel available –

5% patronage allocation in 2009 with 50% cash payout!



**Cardlock Cards
available at
Hamiota Co-op**

(some restrictions apply)

CO-OP® Cardlock Cardholder Application

Name of Applicant _____
 Address of Applicant _____

 Applicant's Phone No: _____
 Dyed Fuel Permit(s) # _____ Prov. _____
 # _____ Prov. _____
 E- mail Address _____ Fax# _____

For Office Use Only	
Date	_____
Name of Co-op	_____
Address of Co-op	_____
Acct. No.	_____ Loc. _____ Dept. _____
Co-op Member No.	_____
Co-op Cardlock No.	_____

CARD SPECIFICATIONS REQUESTED:		Clear	Dyed
TYPE OF CARD <input type="checkbox"/> LOCAL <input type="checkbox"/> SYSTEM WIDE	PRODUCTS:	<input type="checkbox"/>	<input type="checkbox"/> REGULAR
NO. OF CARDS _____		<input type="checkbox"/>	<input type="checkbox"/> MIDGRADE
MAX. LITRE FILL TO CONFIRM _____		<input type="checkbox"/>	<input type="checkbox"/> PREMIUM
UNIT NUMBERS REQUESTED _____ YES _____ NO		<input type="checkbox"/>	<input type="checkbox"/> DIESEL
ODOMETER READING REQUESTED _____ YES _____ NO		<input type="checkbox"/>	<input type="checkbox"/> _____

Please read the following and sign.

- I apply for a cardlock card(s) (the "Card") of the local or system-wide type, as indicated above, for the purchase of petroleum fuel in the CO-OP Cardlock System.
- I agree to complete and sign the necessary account application form.
- I hereby confirm that I have been provided a copy of the Cardlock User Agreement (Form 910) and, if my application herein is accepted, I unequivocally confirm that I accept all terms and conditions contained therein. In particular, I acknowledge that I have carefully read and reviewed paragraph 6 of the cardlock user agreement and fully and unequivocally confirm that I shall be fully responsible for all charges incurred as against my carlock card regardless of whether the charges were incurred without my consent or knowledge. _____ Signed.
- I will not purchase dyed fuel in a province where I do not have a dyed fuel purchasing permit. If such a purchase is made, I understand that I will be charged the clear fuel price (inclusive of all taxes). I also understand that this may result in prosecution under the applicable provincial fuel tax act(s).
- For Manitoba users of dyed or coloured fuel:** As the purchaser of dyed or coloured fuel in the Province of Manitoba, I fully understand and agree that I will only use my Co-op operating card to purchase dyed or coloured fuel to be used solely for the purposes authorized under *The Motive Fuel Tax Act* and *The Gasoline Tax Act* and furthermore that any unauthorized use may result in prosecution under these Acts.

SIGNING BY CORPORATE APPLICANT	
Full Corporate Name _____	
By: _____ Authorized Signature	By: _____ Authorized Signature
Title: _____	Title: _____
Date: _____	Date: _____

SIGNING BY APPLICANT WHO IS AN INDIVIDUAL OR PARTNERSHIP	
SIGNED AND DELIVERED in the presence of:	
Signature of Sole Proprietor or Partner _____	Signature of Witness _____
Signature of Partner _____	Print Name of Witness _____
Signature of Partner _____	Date: _____
Date: _____	Date: _____

Current credit application must be completed.