

AUTHORIZATION FOR INFORMATION

Name under which your bank account is held: _____
(Eg. Company Name/Individual Name)

I HEREBY GRANT IMPERIAL OIL PERMISSION TO CONTACT THE FINANCIAL INSTITUTION USED BY MYSELF AND/OR THE COMPANY FOR CREDIT INFORMATION RELATED TO ACCOUNT NUMBER (S):

Account Number (s): _____

IT IS UNDERSTOOD THAT THE INFORMATION OBTAINED IS TO REMAIN CONFIDENTIAL AND BE USED BY IMPERIAL OIL ONLY.

DATED: _____

SIGNING OFFICER OR INDIVIDUAL: _____
(Print Name)

SIGNATURE : _____

FINANCIAL INSTITUTION:

NAME: _____

ADDRESS: _____

PHONE NO.: _____

FAX NO.: _____

CONTACT NAME: _____