

Pre-Authorized Debit Agreement



TRANSIT LUBRICANTS LTD.

TRANSIT ACCOUNT # _____

I/we authorize Transit Lubricants Ltd., and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for weekly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Transit Lubricants Ltd. account(s). Regular weekly payments for the full amount of invoices, delivery date or date of services will be debited to my/our specified account on or about the 30th day from date of invoice, service date or delivery date of product each week. Transit Lubricants Ltd. will provide an invoice or delivery tickets as the 10 days written notice of the amount of each weekly debit. Transit Lubricants Ltd. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Transit Lubricants Ltd. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Transit Lubricants Ltd. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

PLEASE PRINT

DATE: _____

Name(s): _____

Transit Lubricants Ltd. Acct Number: _____ Type of Service: Personal _____ Business _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____
(Branch -5 digits; FI - 3 digits)

FI Address: _____ City _____ Province: _____

Postal Code: _____

Authorized Signature(s): _____

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