

# HOW TO APPLY FOR THE CORPORATE SHELL CARD

## » The Card User(s) (Please write in block letters) (Application subject to a minimum of 3 vehicles)

Card No.	Name to be Embossed on Card# (20 characters max.)	Vehicle Registration No. (Optional)	Tick Fuels and Services that Apply to the Card					
			SHELL VPOWER	SHELL FORMULA 98 & 95	SHELL FORMULA 92	SHELL DIESEL	LUBRICANTS	SERVICES
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Need not be the Card User's name. Unless otherwise indicated, the company's name will be embossed.

Note: Each card is limited to 3 transactions per day.

## » Your Company

Company/Business Name (as in Registry of Companies/Businesses)

\_\_\_\_\_

\_\_\_\_\_

Company/Business Registration No. \_\_\_\_\_

Registered Office Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person \_\_\_\_\_ Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_

## » Your Company Endorsement

We hereby request Shell Eastern Petroleum (Pte) Ltd to issue Shell Card(s) to each of the person(s) named in this application as a Card User or in our name. We acknowledge that every Shell Card issued shall be used for the purpose of obtaining goods and/or services as set out and in accordance with the terms of the Agreement. We agree to be bound by the Terms and Conditions which accompany the Shell Card. We warrant that all the information given in this application is correct and we authorise Shell Eastern Petroleum (Pte) Ltd to verify the information provided and to obtain from any financial institution any information which Shell Eastern Petroleum (Pte) Ltd may require. We understand that you reserve the right to decline our applications without giving a reason and without entering into any correspondence.

\_\_\_\_\_

Authorised Signature<sup>†</sup> and Company/Business Stamp

<sup>†</sup> For Sole Proprietorship/Partnerships, signature of director is required. For foreign-registered companies, signature of authorised agent (as listed in ROC report) is required.

Name (Dr/Mr/Mrs/Ms) \_\_\_\_\_ NRIC/Passport No. \_\_\_\_\_

Position/Job Title \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

## For Official Use Only

Credit Terms \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_ Category \_\_\_\_\_

Checked by \_\_\_\_\_ Date \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_

Referral \_\_\_\_\_

# APPLICATION FOR INTERBANK GIRO

## » Part 1: For Applicant's Completion

To: Name of Financial Institution

Branch

### For Official Use Only

Name of Billing Organisation

**SHELL EASTERN PETROLEUM (PTE) LTD**

Shell's Customer's Name

Shell's Customer's Ref. No.

(a) I/We hereby instruct you to process Shell Eastern Petroleum (Pte) Ltd (SEPL)'s instructions to debit my/our account.

(b) You are entitled to reject SEPL's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also, at your discretion, allow the debit even if this results in an overdraft on the account and impose charges accordingly.

(c) This authorisation will remain in force until terminated by written notice sent to my/our address last known to you or upon receipt of my/our written revocation through SEPL.

Company Name \_\_\_\_\_ Company Bank Account No. \_\_\_\_\_

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_

\_\_\_\_\_  
Company Stamp/Signature/Thumbprint\* as in Financial Institution's Records

## » Part 2: For Shell's Completion

Bank	Branch	Shell Account No.
7144	001	0101435177

Bank	Branch	Account No. to be Debited
_____	_____	_____

Shell's Customer's Ref. No.

## » Part 3: For Financial Institution's Completion

### To: Shell Eastern Petroleum (Pte) Ltd

This application is hereby REJECTED (please tick) for the following reason(s)

Signature/Thumbprint\* differs from Financial Institution's Records

Signature/Thumbprint\* incomplete/unclear\*

Account operated by signature/thumbprint\*

Wrong account number

Amendments not countersigned by customer

Others: \_\_\_\_\_

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date