

# Commercial Cardlock Agreement

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

Federal Employer ID Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: (        ) \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Instructions:** To become a Cardlock customer, the authorized business representative, owner, or CEO must certify they meet and agree to the requirements listed below.

**Proof Of Business Requirement:**

I agree to provide a Federal Employer ID Number (noted above) or a copy of a document issued by a governmental agency that clearly indicates active participation in the business enterprise, government agency, nonprofit organization or charitable organization identified above. If a Federal ID Number is not available, I will provide a current (not expired) copy of the document checked below:

- (    ) Business License      (    ) Contractors License      (    ) Federal Income Tax Schedule C or F      (    ) Equivalent Documentation

**Minimum Fuel Purchase Requirement:**

- (    ) I agree to purchase a minimum of 900 gallons of Class 1 flammable liquids (gasoline) or diesel from any source during each 12 month period.  
 (    ) I am exempt from the minimum required fuel purchase amount. Therefore, (check all that apply):  
     (    ) Only Diesel fuel will be purchased at Cardlock facilities (No minimum purchases are required on diesel)  
     (    ) I will provide documentation that the fuel qualified as a deductible farming expense on my federal income tax return  
     (    ) The fuel will be purchased by a government agency providing fire, ambulance or police services  
     (    ) I was a customer of a Cardlock facility on and since June 30, 1991, and I meet and agree to all other requirements listed in this agreement

**Business Use Requirement:**

(    ) I agree to dispense Class 1 flammable liquids only into motor vehicles or (approved) containers that are OWNED OR USED by the business, government agency, nonprofit organization, or charitable organization identified above. I also agree to not dispense fuel for personal use, and I understand that I am subject to a citation for violating this agreement.

**Fire Safety Training Requirement:**

(    ) I agree that each individual, including each employee, who is allowed to dispense Class 1 flammable liquids for my account will receive the fire safety training, as required by the State Fire Marshall BEFORE dispensing any fuel.

**Oregon State Diesel Purchases:**

Federal and State taxes will be collected on diesel unless you qualify for an exemption on Oregon state diesel taxes. Please call (503) 347-6378 for an exemption form.

**Card Requests and Fuel Restrictions:**

Card Description (up to 10 characters) <small>(Use to identify each card—i.e. Driver Name or Truck Number)</small>	Identify Products authorized for this card <small>(i.e. Diesel, Gasoline)</small>	Oregon State Exempt Diesel	Transaction Gallon Limit <small>(10, 20, 30, 40, 50, 75, 150, 250, None)</small>	4 Digit PIN #*
1) _____	_____	Yes / No	_____	_____
2) _____	_____	Yes / No	_____	_____
3) _____	_____	Yes / No	_____	_____
4) _____	_____	Yes / No	_____	_____
5) _____	_____	Yes / No	_____	_____
6) _____	_____	Yes / No	_____	_____
7) _____	_____	Yes / No	_____	_____
8) _____	_____	Yes / No	_____	_____
9) _____	_____	Yes / No	_____	_____
10) _____	_____	Yes / No	_____	_____

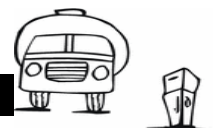
\*(If left blank, a PIN # will be chosen for you)

Before pumping fuel, you must insert your card into a card reader. The card reader will prompt the driver to answer a series of questions to verify authorization of card use. Please choose the code(s) you would like your drivers to be prompted to enter:

- PIN # Only     
  PIN # & Odometer     
  PIN # & Misc.     
  Pin #, Misc. & Odometer  
 (You may use the Misc. code to enter employee #, vehicle # etc.)

By signing this agreement, I certify that I have read the information on this agreement, and I certify that all information provided and agreed to is true and correct. Falsely certifying that you are qualified as a Cardlock customer or that the above information is true and correct, when it is not, can lead to criminal prosecution under ORS 162.075. The requirements in the agreement are based on Oregon revised Statutes ORS 480.310 to 480.385 and Oregon Administrative Rules OAR 837-020-0025 to 837-020-0125.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_



# StarOilco Commercial Credit Application for Leathers Fuels Cardlock Use

Business Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ Fax#: ( ) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Accts Payable: \_\_\_\_\_ Phone: \_\_\_\_\_  
Incorporated: No Yes: Date: \_\_\_\_\_ If Yes, Doing Business As: \_\_\_\_\_  
( ) Partnership ( ) Sole Proprietorship ( ) Limited Liability Co Federal ID#: \_\_\_\_\_ WA State Resale#: \_\_\_\_\_

## Please Provide Two Major Trade References: (Fuel Accts., Local Suppliers, Etc.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Previous Fuel Provider: \_\_\_\_\_ For How Long: \_\_\_\_\_

## Bank Information:

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ City/State: \_\_\_\_\_  
Account #: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Please Provide The Following Info For Partners/Officers/Owners:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Leathers Fuels Card Holder Terms

Account holder shall be responsible for all purchases made by account holder or by any other person using the Cardlock cards issued to the account holder, regardless of whether use by any other person is fraudulent or unauthorized or in violation of non-retail dispensing rules. Leathers Fuels will maintain the Cardlock system in good working order and condition at its own expense. Leathers Fuels will not be responsible for any damage of loss which may result from its failure to provide fuel or the failure of the Cardlock system in any manner whatsoever. Account holder agrees that it and any person using the Cardlock cards delivered to account holder shall promptly notify Leathers Fuels of any malfunctioning of the Cardlock system of which account holder becomes aware.

## StarOilco Credit Terms

Cardlock holder understands that the terms of the sale are ten (10) net days from date of invoice, and the billing will be twice a month. A late charge of 1 and 1/2 percent (1.5%) per month will be assessed on the accounts that are past due. If this account is not paid as agreed and legal action, collection or suit proceedings are necessary, the cardholder agrees to pay all attorney's fees and/or collection fees. Should legal action or suit become necessary, the undersigned will agree to venue in Multnomah County, State of Oregon. If there is any change in the ownership of the account holder, or if substantially all of the assets of the account holder are sold, account holder shall promptly notify StarOilco of said sale and StarOilco shall have a lien on all of the assets of the account holder, and a lien of proceeds. Oregon State Fire Marshall assesses an annual fee which StarOilco is required to pay. StarOilco in turn will pass the fee onto our customers. This yearly fee is \$5.00 per customer for October 1 through September 30.

I CERTIFY THE STATEMENTS MADE ABOVE FOR THE PURPOSE OF OBTAINING CREDIT ARE TRUE AND I AUTHORIZE STAROILCO TO MAKE A CREDIT INVESTIGATION WHICH WILL INCLUDE CONSUMER AND COMMERCIAL CREDIT REPORTS. THIS IS A CONTINUOUS AUTHORIZATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

## Guarantee Of Debt

The undersigned individual(s), partners, or stockholders in the commercial venture known as \_\_\_\_\_, in consideration for the granting of credit to said commercial venture by StarOilco, do hereby agree to personally guarantee all obligations incurred by the Company whenever the Company shall fail to pay the same per stated terms. It is also understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement guaranteed. Should it become necessary to assign the account to a collection agency, the undersigned agrees to pay not only the past due balance, but also any reasonable and customary expenses incurred in the collection process, including, but not limited to, collection agency fees, attorney fees as awarded by the court, and court costs. Should suit become necessary, the undersigned/guarantee will agree to venue in the County of Multnomah, State of Oregon.

I CERTIFY THE STATEMENTS MADE ABOVE ARE TRUE AND I AUTHORIZE STAROILCO TO MAKE A CREDIT INVESTIGATION WHICH WILL INCLUDE CONSUMER AND COMMERCIAL CREDIT REPORTS. THIS IS A CONTINUING AUTHORIZATION.

SIGNATURE:: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
WITNESS: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Application must be signed by Corporate Officer, Partner, Sole Proprietor or Member (LLC)



Please Read Carefully

Sign & Return Receipt portion

# Fire Safety Training



## SAFE FUELING GUIDELINES FOR NON-RETAIL FACILITIES

How to be safe when operating flammable liquid equipment at non-retail facilities.

The following are guidelines you MUST follow when using a cardlock/keylock facility.

### NO SMOKING

- Smoking is not permitted while fueling your vehicle. Doing so could result in a serious fire and/or injury

NO SMOKING  
GASOLINE IS FLAMMABLE



### IDENTIFY EMERGENCY EQUIPMENT

Emergency equipment has been installed at this site. Signs have been posted to help you identify it.

BEFORE fueling, please note the location of the following emergency equipment.

- FIRE EXTINGUISHERS are available at each location. Be sure to spot the one nearest you.
- A RED EMERGENCY STOP BUTTON is on the card reader station panel. This will shut down the entire system.

- AN EMERGENCY SHUT OFF SWITCH is located within 100ft. but not nearer than 20 feet of the island. This allows you to shut down the entire system from a location other than the fueling island. It is clearly identified with a sign.
- A TELEPHONE not requiring the use of coins or a fire alarm transmitting device is located at the site.

THE SITE OPERATOR'S telephone number is posted at the site. If you need assistance or need to report a problem, call this number.

### OTHER PRECAUTIONS

- STOP YOUR ENGINE and put your vehicle in PARK or set your emergency brake. You MUST STOP your engine before you begin the process of fueling.
- You must remain outside your vehicle and in full view of the nozzle while refueling.

### HOW TO BEGIN FUELING

- Insert your access card into the card reader and remove it quickly. Directions will appear on the screen of the card reader.
- Enter your security number. Press Enter.

(on a two card system, you will now enter the vehicle card using the same process).

- Enter your 5 digit odometer number or any other number. Press ENTER.
- Activate the pump by entering the pump number. Press ENTER.
- Lift the nozzle from the pump.
- Activate the nozzle by lifting the lever on the side of the pump.
- Insert the nozzle deeply into the fuel tank.
- Pull the trigger on the nozzle and begin to dispense fuel.

The optimum nozzle setting for speed of delivery is between  $\frac{1}{2}$  and  $\frac{3}{4}$  open. Faster delivery may result in a spill. If the nozzle is activated too quickly, a leak detector will automatically slow pumping to a trickle. If this happens, release the trigger on the nozzle and wait 10 seconds. Pull trigger back on and pumping should be normal.

### FUELING COMPLETED

- The pump handle will click off when the tank is full.
- Shut the pump off by moving the lever on the pump down.
- Return the nozzle to its hanger

### IN CASE OF EMERGENCY

If a SPILL should occur, call the emergency number to allow for prompt clean-up.

IN CASE OF FIRE, DIAL 911. If 911 is not available in that area, call the phone number listed on the fire extinguisher sign.

WARNING: Driving away with the nozzle still in your vehicle can result in fire or spill, which could lead to extreme damage and serious injury.

If you do drive off with the nozzle in the vehicle, please follow the procedures below:

- STOP VEHICLE.
- TURN PUMP OFF.
- PUT HOSE BACK ON PUMP IF POSSIBLE.
- REPORT INCIDENT USING EMERGENCY NUMBER POSTED AT SITE.



Have available:

- Location of Site
- Hose or Pump Number
- Date and Time
- Your Name and Telephone Number

If you need other assistance at the site, please call the emergency number listed and report the problem.

**CAUTION! HAZARDOUS MATERIALS**

REMEMBER ALL FUELS ARE HAZARDOUS.  
Please read the following warning statements carefully.

**DANGERS OF GASOLINE**

- Gasoline is extremely flammable.
- Harmful or fatal if swallowed.
- May be harmful if inhaled.
- May cause irritation.
- May be harmful if absorbed through skin.
- Long term exposure to vapors has caused cancer in laboratory animals.
- Keep away from heat, sparks, and flame.
- Avoid breathing vapor.
- Use only in well ventilated locations.
- Avoid contact with eyes and prolonged contact with skin. Wash thoroughly after handling.
- Keep container closed.
- FOR USE AS MOTOR FUEL ONLY.

**DANGERS OF DIESEL**

- Diesel is combustible.
- May cause irritation to eyes.
- Avoid contact with eyes.
- Middle distillate (including diesel) have caused skin cancer and kidney damage in laboratory animals.
- Keep away from heat and flame.
- Use only in well ventilated locations.
- Avoid prolonged or repeated contact with skin. Wash thoroughly after handling.
- Keep head away from container when opening or dispensing.

**EMERGENCY AND FIRST AID PROCEDURES**

It is important that you follow these emergency and first aid procedures if you come into contact with gasoline and diesel fuel.

**FIRST AID- GASOLINE AND DIESEL**

**EYES:** Flush with water for 15 minutes.  
**SKIN:** Wash exposed areas with soap and water.  
**INGESTION:** DO NOT induce vomiting. May cause chemical pneumonitis. Call physician.  
**INHALATION:** Should symptoms noted under physiological affects occur, remove to fresh air. If not breathing, apply artificial respiration.  
**OTHER INSTRUCTIONS:** Remove gasoline or diesel soaked clothing.

**PHYSIOLOGICAL EFFECTS**  
**ACUTE Effects - Severe With Short Duration**

**Gasoline AND Diesel**

- Causes slight to moderate eye irritation.
- Moderately irritating to the skin; causes redness, edema, or drying of the skin.

**Gasoline**

- May cause dizziness; Irritation of eyes, nose and throat; vomiting; and bluish color of the skin.
- To the central nervous system, may cause contracted pupils, loss of reflexes, convulsions, seizures, sudden loss of consciousness, coma, and sudden death.
- Other symptoms are: Headaches, mental confusion and depression, flushing of the face, loss of appetite, nausea, slurred speech, and difficulty in swallowing.

**Diesel:**

- Inhaling high concentrations of diesel vapors may cause drowsiness or unconsciousness (narcois).

**Chronic Effects - Severe With Long Duration**

Recent studies with laboratory animals have shown that diesel and gasoline vapors cause kidney cancer in mice.

**Important Notice**

This SAFETY TRAINING BROCHURE has been provided to you as required by Oregon Administrative Rules, Chapter 837, Division 20 and the Flammable Liquids Dispensing Regulations, ORS 480.345.

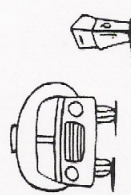
Please read and have any affected employees read and comply with the contents of this brochure to avoid any interruption in your Cardlock use.

RETURN the tear-off portion, signed and dated with the account number, in order to avoid a disruption in service.



**FIRE SAFETY TRAINING RECEIPT**

I certify that I have received and read the fire safety training material provided to me. I have also distributed the material to all employees under my supervision and certify that they have been trained in the safe operation of gasoline dispensing equipment at unattended automated fueling sites.



CUSTOMER NAME (please print)

CUSTOMER SIGNATURE:

DATE:

ACCOUNT NUMBER: