Individual Card-Lock Agreement

Please Provide The Following For Account Holder(s):

Account Holder #1					
Name:		Phone: ()		
Address:	City:			_ State:	Zip:
Account Holder #2					
Name:		Phone: ()		
Address:	City:			_ State:	Zip:
Statement Of Individual's Right	s To Use Cardlock F	acilit	ies:		
() I understand that as an individual Cardlock member in the State of Oregon, I am only entitled to dispense Class 2 combustible fuels, which include diesel and BioDiesel. I will not be allowed to dispense Class 1 flammable fuels, which include gasoline. My cardlock account will be designated as "Diesel Only" in the state of Oregon.					
Oregon State Diesel Purchases:					
StarOilco will collect Federal and State taxes on diesel unless you qualify for an exemption on Oregon state diesel taxes. Please call (503) 283-1256 for an exemption form. (If you have a legitimate off-road use <i.e. equipment="" farm=""> you may fill out a Tax Exemption form).</i.e.>					
Falsely certifying you are qualified as a Cardlock cu criminal prosecution under ORS 162.075. The requ 020-0125 to 837-020-0125.					
Cardlock Fuel Card(s):					
Card Description (up to 10 characters) (Use to identify each card—i.e. Driver Name or Truck Number)	Identify Products authorized for this card (i.e. Diesel, Gasoline)	Oregon S Exempt		Transaction Gallon Limit 30, 40, 50, 75, 150, 250	4 Digit PIN #*
1)		_ Yes / No			
2)		_ Yes / No	_		
3)		_ Yes / No	0		
4)		_ Yes / No	0		
5)		_ Yes / No	-		
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.)					
Card Holder Terms:					
Account holder shall be responsible for all purchases n account holder, regardless of whether use by any other					
Signature 1:			Date:		
Print Name:					
Signature 2:			Date:		
Print Name:		 			





StarOilco Individual Credit Application for Leathers Fuels CFN

Account Holder #1		
	SSN:	DOB:
Driver License #:	State: Phone:()	Fax:()
Home Address:	City:	State: Zip:
Employer:	Income:	Phone:()
☐ Own ☐ Rent Landlord/Mortga	age Company:	Phone:()—
		nch:
City/State:	Pho	ne: () Ext
Account #:	Con	ntact:
Please Provide Two Credit Refere	ences: (Credit Cards etc.)	
Reference 1 Name:		Phone: ()
		City, State, Zip:
Reference 2 Name:		Phone: ()
Address:	0	City, State, Zip:
Account Holder #2		
Name:	SSN:	DOB:
Driver License #:	State: Phone:()	Fax:()
Home Address:	City:	State: Zip:
Employer:	Income:	Phone:()
Own Rent Landlord/Mortga	age Company:	Phone:()
		nch:
City/State:	Pho	ne: () Ext
Account #:	Con	ntact:
Please Provide Two Credit Refere	ences: (Credit Cards etc.)	
Reference 1 Name:		Phone: ()
Address:	C	City, State, Zip:
Reference 2 Name:		Phone: ()
	Leathers Fuels Card Hol	lder Terms:
Account holder shall be responsible for all pur whether use by any other person is fraudulent order and condition at its own expense. Leath Cardlock system in any manner whatsoever.	chases made by account holder or by any other person or unauthorized or in violation of non-retail dispensing rulers Fuels will not be responsible for any damage of loss Account holder agrees that it and any person using the Cardlock system of which account holder becomes aware.	using the Cardlock cards issued to the account holder, regardless of ules. Leathers Fuels will maintain the Cardlock system in good working which may result from its failure to provide fuel or the failure of the Cardlock cards delivered to account holder shall promptly notify
	StarOilco Credit	Terms:
(1.5%) per month will be assessed on the accordance agrees to pay all attorney's fees an State of Oregon. If there is any change in the notify StarOilco of said sale and StarOilco sha	ounts that are past due. If this account is not paid as agrid/or collection fees. Should legal action or suit become ownership of the account holder, or if substantially all of II have a lien on all of the assets of the account holder, a	the billing will be twice a month. A late charge of 1 and 1/2 percent reed and legal action, collection or suit proceedings are necessary, the necessary, the undersigned will agree to venue in Multnomah County, the assets of the account holder are sold, account holder shall promptly and a lien of proceeds. Oregon State Fire Marshall assesses an annual arly fee is \$5.00 per customer for October 1 through September 30.
		G CREDIT ARE TRUE AND I AUTHORIZE STAROILCO TO MAKE T REPORTS. THIS IS A CONTINUOUS AUTHORIZATION.
Signature 1:	Print Name:	Date:
Signature 2:	Print Name:	Date: