

StarOilco 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 Rights To Use Cardlock Facilities:

() 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. In the state of Oregon, 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. farm equipment> you may fill out a Tax Exemption form).

Falsely certifying you are qualified as a Cardlock customer or 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 Administrative Rules OSAR 837-020-0125 to 837-020-0125.

Cardlock Card Requests:

Card Description (up to 10 characters)

(Use to identify each card—i.e. Driver Name or Truck Number)

Products authorized for this card

4 Digit PIN #*

1) _____	Diesel/Biodiesel	_____
2) _____	Diesel/Biodiesel	_____
3) _____	Diesel/Biodiesel	_____
4) _____	Diesel/Biodiesel	_____
5) _____	Diesel/Biodiesel	_____

StarOilco 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. StarOilco will maintain the Cardlock system in good working order and condition at its own expense. StarOilco 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 StarOilco of any malfunctioning of the Cardlock system of which account holder becomes aware.

Signature 1: _____ Print Name: _____ Date: _____

Signature 2: _____ Print Name: _____ Date: _____



StarOilco Individual Credit Application

Account Holder #1

Name: _____ SSN: _____ DOB: _____
Driver License #: _____ State: _____ Phone: () _____ — _____ Fax: () _____ — _____
Home Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Income: _____ Phone: () _____ — _____
 Own Rent Landlord/Mortgage Company: _____ Phone: () _____ — _____
Bank: _____ Branch: _____
City/State: _____ Phone: () _____ — _____ Ext. _____
Account #: _____ Contact: _____

Please Provide Two Credit References: (Credit Cards etc.)

Reference 1 Name: _____ Phone: () _____ — _____
Address: _____ City, State, Zip: _____
Reference 2 Name: _____ Phone: () _____ — _____
Address: _____ 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/Mortgage Company: _____ Phone: () _____ — _____
Bank: _____ Branch: _____
City/State: _____ Phone: () _____ — _____ Ext. _____
Account #: _____ Contact: _____

Please Provide Two Credit References: (Credit Cards etc.)

Reference 1 Name: _____ Phone: () _____ — _____
Address: _____ City, State, Zip: _____
Reference 2 Name: _____ Phone: () _____ — _____
Address: _____ City, State, Zip: _____

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 1: _____ Print Name: _____ Date: _____

Signature 2: _____ Print Name: _____ Date: _____

