



232 NE MIDDLEFIELD RD, PORTLAND, OR 97211  
503-283-1256 PH / 503-283-1736 FX www.staroilco.net

**FULL SERVICE  
CREDIT APPLICATION**



SALESPERSON: \_\_\_\_\_ OFFICE USE ONLY

Please fill out this form completely. An incomplete form will not be processed.  
The information contained in this application is provided for the purpose of obtaining credit. All information is held in complete confidentiality.

<b>Products and Services</b>					
(Please check the products you wish to purchase)					
<input type="checkbox"/> Bulk Fuel	<input type="checkbox"/> Lube	<input type="checkbox"/> Fuel Card / Pacific Pride	<input type="checkbox"/> Fleet Fueling	<input type="checkbox"/> Common Carrier	<input type="checkbox"/> Equipment
Company Name: _____					
Doing Business As: _____					
Address: _____			Billing Address If Different: _____		
City: _____			City: _____		
State: _____		Zip: _____	State: _____		Zip: _____
Phone: _____		Fax: _____		Cell: _____	
A/P Contact: _____			Phone: _____		Fax: _____
e-mail: _____		Federal ID # _____		Washington State Resale Permit No: _____	
<input type="checkbox"/> I have attached a copy with this application.					

Incorporated:    Y    N    Date of Incorporation \_\_\_\_\_    How many years in Business: \_\_\_\_\_  
 Partnership     Sole Proprietorship     LLC     INC    Type of Business: \_\_\_\_\_

Method of payment \_\_\_\_\_ \* NOTE: A 3% administrative fee may be added to the balance for credit card processing.

**Please complete the following for Individual/s, Principal, Partner/s or Member/s.**

Applicant Name: _____			Phone: _____		
Home Address: _____		City: _____		State: _____	Zip: _____
Employer: _____			Income: _____		Phone: _____
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Landlord/Mortgage Company: _____			Phone: _____
Date of Birth: _____		Social Security Number: _____		e-mail _____	
Co-Applicant Name: _____				Phone: _____	
Home Address: _____		City: _____		State: _____	Zip: _____
Date of Birth: _____		Social Security Number: _____		E-mail: _____	

**Please list 2 trade references and Banking information.**

1. Company Name: _____			Phone: _____		
Address: _____			Fax: _____		
City: _____		State: _____	Zip: _____		
2. Company Name: _____			Phone: _____		
Address: _____			Fax: _____		
City: _____		State: _____	Zip: _____		
Bank: _____	Branch: _____		Contact: _____		
Address: _____		City: _____		State: _____	Zip: _____
Phone: _____		Fax: _____		Account #: _____	

Lubricant terms: 2% 10 days by mail, Net 30

Cardlock or Bulk/Gasoline & Diesel terms: Net 10 days (from Invoice date)

- Customer agrees to pay all bills as rendered. In the event there becomes a past due invoice/s, customer agrees to pay all late fees incurred. The past due fees will be based on 1.5% per month, (18%annually). All disputes must be brought to Star Oilco's attention within 15 days, after said 15 days customer waives dispute rights and agrees to pay the balance of the invoice and its late fees.
- Discounts may be taken within term dates only. Applicant acknowledges, ALL unearned discounts will be charged back to the account and may be subject to late fees.
- All payments may be applied against open charges in the sole discretion of Star Oilco, except against those open charges for which there is a good faith dispute.
- This agreement shall bind and insure to the benefit of, as the circumstances may require, not only the immediate parties but their heirs, executors, successors in interest and assigns.
- Customer agrees to notify Star Oilco in writing, in the event of a change of ownership, principal or business name. The undersigned understands that they remain responsible for any and all charges accrued until the updated account is established.
- Star Oilco has the right to terminate or modify any credit availability at any time within its sole discretion.

**\*Only credit grantor's terms and conditions shall apply. No other terms and conditions and no change to credit grantor's terms and conditons shall be acceptable unless in writing and agreed to in writing by credit grantor.**

\* Please attach a list of authorized purchasers. It is the applicant's responsibility to keep this list updated and will not hold Star Oilco responsible.

**Additional Cardlock Terms:**

1. 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 violaiton of non-retail dispensing rules. Creditor will maintain the Cardlock system in good working order and conditon at its own expense. Creditor will not be responsible for any damages or 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 any person using the Cardlock cards delivered to account holder shall promptly notify Creditor of any malfunctioning of the Cardlock system of which account holder becomes aware.
2. 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.
3. Oregon State Fire Marshall assesses an annual fee for each Cardlock customers account which Star Oilco is required to pay. Applicant is aware that this fee will be passed onto the customer. This yearly fee is currently \$10.00 per customer account from Oct 1 through Sept 30<sup>th</sup>. \*This fee is subject to change yearly per Fire Marshall.
4. Purchaser's right to purchase fuel through the Cardlock system may be terminated immediately upon any breach of any of the terms hereof, or of any other agreement with supplier and may be terminated upon 30 days notice by either party. Upon termination, purchaser agrees to immediately pay all outstanding sums owing to supplier. Supplier agrees to refund any card deposits held by supplier to purchaser when all cards are returned and all the amounts owing to supplier are paid in full.

By signing below, I the Applicant or Authorized representative, certify that I am authorized to open this account and that all information contained herein and any attachment or amendment is true, correct, and complete to the best of my infomration, knowledge, and belief. I authorize and acknowlege that Star Oilco will utilize an outside credit reporting service to obtain information to evaluate the initial credit decisions with respect to the Applicant and all ongoing credit decisions thereafter for the life of my account. This includes the authorization for my credit references and bank reference to release information to Star Oilco that may be used to establish credit worthiness for the life of my account. I do hereby waive notice of default, non-payment, and notice thereof and consent to any modification of 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 by Star Oilco in the collection process, including but not limited to, collection agency fees, attorney fees, court costs, and attorney fees as awarded by the court. Should suit become necessary, the undersigned / guarantor will agree to venue in the County of Multnomah, State of Oregon. The parties hereto knowingly and intentionally waive the right to a jury trial on any issue or dispute that may arise between them. I acknowledge that I have read and understand the above Terms and Conditions and will adhere to them.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature Authorized Representative  
 Print 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 Star Oilco, do herby 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 guarantee shall be a continuing and irrevocable guaranty and idemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment, and notice thereof and consent to any modification of 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 by Star Oilco in the collection process, including but not limited to, collection agency fees, attorney fees, court costs, and attorney fees as awarded by the court. Should suit become necessary, the undersigned / guarantor will agree to venue in the County of Multnomah, State of Oregon.

Applicant : \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDING THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT) BECAUSE ALL OR PART OF THE APPLICANT/S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM, OR BECAUSE THE APPLICANT/S HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR'S IS FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580**

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the Credit Department at 503-283-1256 within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement.



