



CALTEX

StarCard, StarFleet and StarFleetPlus Application



Thanks for choosing to apply for a Caltex Card. To apply simply complete all the required information for a StarCard, StarFleet or StarFleetPlus card. Send your completed form to Caltex StarCard, Credit Department, Reply Paid 3998, Sydney, NSW 2001.

Please note this application is wholly or predominantly for business purposes.

Membership number

* denotes mandatory field (must be completed)

I'm applying as an individual / sole trader partnership company trust (please tick appropriate box)

I'm applying for a Star Card StarFleet Card StarFleetPlus Card
(please tick appropriate box)

REGISTERED NAME *

ALL APPLICANTS TO PROVIDE ABN

ACN *

ABN *

ARN

TRADING NAME *

TRUSTEE NAME (where applicable)

BUSINESS ADDRESS (PO Box not acceptable) *

UNIT No.

STREET No. *

STREET NAME *

SUBURB/TOWN *

STATE *

POSTCODE *

POSTAL ADDRESS (if different)

UNIT No.

STREET No.

STREET NAME

SUBURB/TOWN

STATE

POSTCODE

PHONE *

FAX

MOBILE

EMAIL

NATURE OF BUSINESS

No. OF EMPLOYEES

BUSINESS TRADE REFERENCES (trading over 12 months) *

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	NAME	PHONE	FAX
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	NAME	PHONE	FAX
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	NAME	PHONE	FAX

DETAILS OF INDIVIDUAL/SOLE TRADER/PARTNER/DIRECTOR/TRUSTEE No.1

<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE *	SURNAME *	FIRST AND MIDDLE NAMES *
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE *	DATE OF BIRTH *	DRIVERS LICENCE *

CURRENT RESIDENTIAL ADDRESS (PO Box not acceptable)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
UNIT No.	STREET No. *	STREET NAME *	STATE *	POSTCODE *	YEARS AT ADDRESS *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DO YOU (please tick appropriate box) *

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
OWN	BUY	RENT	BOARD	MORTGAGE VALUE	HOUSE VALUE	MONTHLY PAYMENTS

PREVIOUS RESIDENTIAL ADDRESS (complete if less than 5 years at current address)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
UNIT No.	STREET No.	STREET NAME	STATE	POSTCODE	YEARS AT ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SPOUSE NAME

NEAREST RELATIVE LIVING IN AUSTRALIA BUT NOT LIVING WITH YOU *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME *	ADDRESS *	PHONE *	RELATIONSHIP *

StarCard, StarFleet and StarFleetPlus Application

DETAILS OF PARTNER/DIRECTOR/TRUSTEE NO.2

<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE *	SURNAME *	FIRST AND MIDDLE NAMES *
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE *	DATE OF BIRTH *	DRIVERS LICENCE *

CURRENT RESIDENTIAL ADDRESS (PO Box not acceptable)

<input type="text"/>	<input type="text"/>	<input type="text"/>	
UNIT No.	STREET No. *	STREET NAME *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SUBURB/TOWN *	STATE *	POSTCODE *	YEARS AT ADDRESS *

DO YOU (please tick appropriate box) *

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
OWN	BUY	RENT	BOARD	MORTGAGE VALUE	HOUSE VALUE	MONTHLY PAYMENTS

PREVIOUS RESIDENTIAL ADDRESS (Complete if less than 5 years at current address)

<input type="text"/>	<input type="text"/>	<input type="text"/>	
UNIT No.	STREET No.	STREET NAME	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SUBURB/TOWN	STATE	POSTCODE	YEARS AT ADDRESS
<input type="text"/>			
SPOUSE NAME			

NEAREST RELATIVE LIVING IN AUSTRALIA BUT NOT LIVING WITH YOU *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME *	ADDRESS *	PHONE *	RELATIONSHIP *

PLEASE ISSUE CARDS IN THE FOLLOWING NAMES (please tick appropriate boxes)

FOR ADDITIONAL CARDS PLEASE MAKE EXTRA COPIES OF THIS FORM AND ATTACH

CARD ONE *

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>			\$ <input type="text"/>				
STARCARD	STARFLEET CARD	STARFLEETPLUS CARD	ROADSIDE ASSIST	DRIVER NAME			CARD DAILY LIMIT *				
				REGO No *			\$ <input type="text"/>				
							CARD MONTHLY LIMIT *				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
PIN	ODOMETER	SIGNATURE									
PRODUCTS *											
<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"/>
ULP	VORTEX 95	VORTEX 98	PULP	DIESEL	LPG	OIL	WORKSHOP	CAR WASH	GOODS	ALL PRODUCTS	

CARD TWO *

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>			\$ <input type="text"/>				
STARCARD	STARFLEET CARD	STARFLEETPLUS CARD	ROADSIDE ASSIST	DRIVER NAME			CARD DAILY LIMIT *				
				REGO No *			\$ <input type="text"/>				
							CARD MONTHLY LIMIT *				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
PIN	ODOMETER	SIGNATURE									
PRODUCTS *											
<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"/>
ULP	VORTEX 95	VORTEX 98	PULP	DIESEL	LPG	OIL	WORKSHOP	CAR WASH	GOODS	ALL PRODUCTS	

CARD THREE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>			\$ <input type="text"/>				
STARCARD	STARFLEET CARD	STARFLEETPLUS CARD	ROADSIDE ASSIST	DRIVER NAME			CARD DAILY LIMIT *				
				REGO No *			\$ <input type="text"/>				
							CARD MONTHLY LIMIT *				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
PIN	ODOMETER	SIGNATURE									
PRODUCTS *											
<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"/>
ULP	VORTEX 95	VORTEX 98	PULP	DIESEL	LPG	OIL	WORKSHOP	CAR WASH	GOODS	ALL PRODUCTS	

If you have an existing StarCard account, please fill in your account number:

CONTACT FOR ACCOUNT CORRESPONDENCE *

<input type="text"/>	<input type="text"/>	
FULL NAME *	TITLE *	
<input type="text"/>	<input type="text"/>	
PHONE *	FAX	EMAIL *

DIRECT DEBIT DETAILS

ACCOUNT NAME *	ACCOUNT No. *	
BANK *	BSB *	BRANCH NAME *

CAPPL user identification number – 001518

Please note direct debit is the only payment method accepted by Caltex StarCard, StarFleet & StarFleetPlus Cards.

The amount debited will vary according to your usage of the StarCard. It will include any fees or charges agreed between us. You will be able to access billing advices at the times you request summarising your transactions and charges for the billing period. The full details of the Direct Debit Request Service Agreement which outlines the terms and conditions of the Direct Debit arrangements between you and us ("Direct Debit Arrangements") will be sent to you, or is available by calling StarCard Customer Service on 1300 365 096 or www.caltex.com.au

Agreement to Terms & Conditions, Guarantee & Indemnity, Privacy Agreement Terms & Conditions, Guarantee & Indemnity.

Please read carefully and sign this Declaration. I/we apply to Caltex Australia Petroleum Pty Ltd (CAPPL) to open a StarCard Account in my/our name (or in the name of the entity nominated) and to issue a StarCard to each person nominated on the StarCard Order Section. I declare that: 1. The information I/we have given on my/our application is true and complete and I/we authorise CAPPL to check that information. I/we acknowledge that CAPPL relies on this information to consider my/our application; 2. I/we acknowledge CAPPL may require further information about me/us to assess my/our application. 3. I/we have full authority to sign this application on behalf of the Applicant; 4. If my/our application is approved, I/we will comply with the Card Terms and Conditions that CAPPL will send to me, prior to sending me the Card. (Terms and Conditions are also available on www.caltex.com.au); 5. I/we authorise CAPPL to bill the Account for Monthly Fees (set out in the Terms and Conditions). I/we acknowledge that CAPPL may vary the Monthly Fee from time to time by notice in writing. (For current Monthly Fees call 1300 365 096); 6. In consideration of the acceptance of this application, I/we hereby personally guarantee to CAPPL the due and punctual payment of sums of money due and payable by the Applicant in relation to any card issued pursuant to this application. I/we personally indemnify CAPPL against any loss, cost or expense caused by failure of the Applicant to make any payment due and payable, such indemnity to be enforceable by CAPPL immediately upon any failure by the Applicant to make any payment due and payable; 7. The credit to be provided to me/us by CAPPL is to be applied wholly or predominantly for business purposes.

Privacy Agreement.

Caltex needs to collect Personal Information about the Applicant ("you"), for the purposes of your credit application. If Caltex cannot collect this information, it may be unable to process your application. Caltex respects your privacy and will only use or disclose personal information in accordance with the Privacy Act 1988 (Cth). You can access your personal information in accordance with the Privacy Act 1988. To request access, ask a privacy-related question or get a copy of Caltex's Privacy Policy, please write to: The Privacy Compliance Officer, Caltex Australia Petroleum Pty Ltd, Level 24, 2 Market Street SYDNEY, NSW 2000.

"Personal information" means information about you collected by Caltex in this Application form and from other sources, including information about you, your financial circumstances, credit worthiness, credit history, credit standing and credit capacity. By submitting this Application, you agree that, subject to the Privacy Act 1988, Caltex may:

- (1) disclose Personal Information to Caltex's associated entities or third parties engaged to provide services to Caltex;
- (2) obtain credit reports about you from credit reporting agencies to assess your application for commercial credit or to collect overdue payments from you;
- (3) obtain and verify Personal Information about you from a motor vehicle or land title registry or from a business that provides commercial credit worthiness information;
- (4) provide to and exchange your Personal Information with any person whose name you give to Caltex in connection with your credit Application or facility;
- (5) provide to and exchange your Personal Information with Caltex's collection agents if you default on your credit obligations;
- (6) disclose your Personal Information to credit reporting agencies before, during or after providing credit to you. This includes, but is not limited to: (a) identity particulars - name, sex, address (and the previous two addresses), date of birth, employer and drivers licence number; (b) the fact that you have applied for credit and the credit limit/amount, and that Caltex is a credit provider to you; (c) advice about payments at least 60 days overdue and which are in collection (and advice that payments are no longer overdue or in collection); (d) advice that cheque(s) drawn by you which are more than \$100 has been dishonoured; (e) the fact that you have committed a serious credit infringement; and (f) the fact that credit provided to you has been discharged.
- (7) exchange your Personal Information with another credit provider who is named in your Application or a credit report issued by a credit reporting agency or who proposes to provide credit to you or has provided credit to you. This is for purposes including but not limited to: (a) assessing your credit worthiness, this Application and any subsequent application by you for personal or commercial credit; (b) assisting you to avoid defaulting in your credit obligations; (c) assessing your position if you fall into arrears; (d) notifying other credit providers of your default; (e) exchanging information about your credit obligations with other credit providers; and (f) administering your credit facility. You also agree that, when, for the purposes of your credit Application, you provide Caltex with personal information about another person, you must, prior to providing such information, inform that person that: (8) you intend to provide his/her personal information to Caltex for the purposes of your credit Application; (9) without that information, Caltex may not be able to process your Application; and (10) that person can access the information about him/her held by Caltex by writing to the Privacy Compliance Officer at the address above. You also agree that Caltex may: (a) use your Personal Information to send you marketing material and offers about products and services including products and services supplied by third parties. If you do not wish to receive this material, please write to Caltex's Privacy Compliance Officer at the address above; (b) monitor and record your telephone conversations with Caltex's staff for training, recording and service quality control purposes; and (c) provide Personal Information, as reasonably necessary, to a likely or actual buyer of the whole or part of Caltex's business.

PLEASE ENSURE PRINCIPALS SIGN THIS SECTION (INCLUDING ALL PARTNERS AND ALL DIRECTORS)

INDIVIDUAL/SOLE TRADER/PARTNER/DIRECTOR/TRUSTEE NO.1 *

		/ /	
TITLE	NAME	DATE	SIGNATURE X
		/ /	
WITNESS NAME		DATE	SIGNATURE X

PARTNER/DIRECTOR/TRUSTEE NO.2 *

		/ /	
TITLE	NAME	DATE	SIGNATURE X
		/ /	
WITNESS NAME		DATE	SIGNATURE X

PARTNER/DIRECTOR/TRUSTEE NO.3 *

		/ /	
TITLE	NAME	DATE	SIGNATURE X
		/ /	
WITNESS NAME		DATE	SIGNATURE X

PARTNER/DIRECTOR/TRUSTEE NO.4 *

		/ /	
TITLE	NAME	DATE	SIGNATURE X
		/ /	
WITNESS NAME		DATE	SIGNATURE X

OFFICE USE ONLY

SITE NUMBER	SPECIAL OFFER CODE