

STARCARD REQUEST FORM

CUSTOMER/COMPANY NAME: _____

Return Fax To: (08) 8349 8578

CUSTOMER CODE: _____ (office use only)

If you are requesting a *Pin Number Reset, Replacing or reporting a Lost or Damaged card,* you must provide the card number for which you are referring to i.e 7071 3400 XXXX XXXX

| | | | | | |
|---------------------------|---|--------------------------|--------------------------|----------------------------|-----------------------------------|
| <u>New Card(s)</u> | <u>Replace</u> <small>(updated details)</small> | <u>Pin Reset</u> | <u>Lost Card</u> | <u>Damaged Card</u> | <u>Cards to be Deleted</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Table 2

(Table 1) To request New Cards (additional vehicle, staff members etc) please use table below. Card users choose their own 4 digit PIN at the first use of the card.

| Compulsory | **Optional** | | Options – (Choose any one column) | | | | | | OFFICE USE ONLY | | |
|-------------|--|--|-----------------------------------|-----------|-----------|----------------------------|----------------------|-----------------|-----------------|----------|-----|
| | REG NO. <small>(7 characters)</small> | VEHICLE TYPE <small>(IF REQUIRED)</small> <small>(20 characters)</small> | Odometer | Dis, Oils | LPG, Oils | Petrol, Dis, LPG, Oils, | Petrol, LPG, Oils | All Products | ULP, Oils | CARD NO. | REC |
| <i>E.g.</i> | XYZ 123 | Commodore | ✓ | | | ✓ | | | | | |
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(Table 2) For Replacemnt Cards, Pin Resets, Lost, Damaged or Cards to be Deleted please use table below.....

| | |
|----------------------|-------------------------------|
| CURRENT CARD NUMBER: | REGO OR NAME ON CARD (if any) |
| | |
| | |
| | |

Comments: _____

Signed (Person Requesting): _____ Print Name: _____

Position: _____ Contact No: _____ Date: _____

****Office Use Only: Processed By: _____ Date: _____**