



CALTEX

n3 Business Buying Power (formerly GSB) Application Form

RE: n3 CALTEX STARCARD

Dear Valued n3 Client,

As requested, please find enclosed information relating to the supply of fuel and associated products via the n3 Caltex StarCard.

An overview of the discounted fuel & lubricants rates for n3 Clients can be obtained by contacting your n3 Account Manager on 0508 20 30 40 or ask@gsb.co.nz.

Please complete the enclosed account application form and return it to me at the address listed below.

The following is essential information required for correct completion of the **account application**

- form;** Section 1 Account Details
- **If you are NOT a Government or Local Body Organisation, please forward your most recent Financial Statements or Annual Report with your application form to enable us to set up the credit limit on your account.**
- Section 2 or 3 Complete the one relevant to your business;
- Section 3 asks for Directors, Trustees or Elected Officials to give authorisation for Chevron NZ to carry out credit checks and MUST be completed for ALL organisations that are NOT sole traders or partnerships.
 - **For Trusts, Board of Trustees, Incorporated Societies & Clubs:**
If signatories are signing on behalf of a Trust, Board of Trustees, Incorporated Societies & Clubs, please provide a copy of appropriate trust deed or incorporation of society deed, and confirmation of the Boards / trustee's agreeance for signatories to sign the application of behalf of the entity seeking a Caltex fuel card facility. Either by way of:
1) a letter signed by the Trustees giving their approval for signatories to sign; or
2) inclusion of minutes from a meeting confirming board / trust approval to enter into financial obligation / confirming parties signing application are authorized to do so.
- Section 4 Personal Guarantee;
- This needs to be completed by all applicants who are not a Government or Local Body organisation.
- Section 5 Direct Debit
- Section 6 Include an email address for all statements, invoices and reporting to be sent to. Also tick if 'odometer tracking' is required for your account.
- Section 6a n3 StarCard embossing details;
- Your account name will be embossed on the card regardless
 - Vehicle rego MUST be completed and will be embossed on the card
 - Driver/cardholder name is optional
 - Cost centres/domestic numbers are NOT embossed on the cards – they only show up on invoices
 - Product groupings for 'fuel' include petrol AND diesel
- Section 6b n3 StarCard PIN reset contact details
- Section 8 Declaration (signature required)
Please note: All signatures (x) must supply a photocopy of valid driver's license or passport for verification.

If you have any queries relating to the completion of these forms, please feel free to contact me on 027 249 5288 or via email at PFraser@chevron.com.

Once complete, mail to;

**Chevron NZ
PO Box 684
Shortland St
Auckland 1140
Attention: Card Marketing**

Regards,

Peter Fraser
**Area Manager – StarCard
CHEVRON NEW ZEALAND**



starcard

CALTEX

Credit Application

Chevron New Zealand

n3 Business Buying Power
(formerly GSB) Application Form

All signatories (x) must supply a photocopy of valid drivers licence or passport for verification

1 Account details

Full legal name of limited liability company/partnership/sole trader/trust/incorporated society

Trading as (if applicable)

Physical address

Post code

Postal address

Post code

Email address

Phone (business)

Fax (business)

Contact name

Type of business

GST number

Number of years in business

Monthly estimated expenditure

Email address

Contact name

Estimated litres per month

Petrol

Diesel

LPG

Lubes \$

Shop \$

* Statement date (Payment will be 10 days from this date)

7th

15th

21st

Important

To avoid delays in processing your application, please ensure the following is included with your completed application:

- ✓ Completed direct debit authority
- ✓ Signed declaration
- ✓ List of StarCards required
- ✓ Photocopy of drivers licence or passport (for each signatory)
- ✓ Signed personal guarantee
- ✓ The trust deed (for trusts)
- ✓ GST number provided

2 Sole trader

Please note: if there are more than two partners photocopy this section and attach it to this application

Last name

First name(s)

Date of birth

Phone (home)

Email

Residential address

Last name

First name(s)

Date of birth

Phone (home)

Email

Residential address

3 Limited liability company, trust, incorporated society - details of director(s), trustee(s), elected official(s)

To enable Chevron New Zealand to carry out ongoing credit checks at their discretion on any directors, trustees and elected officials, prior to opening the account, during the accounts operation and after closure while there is any outstanding amount unpaid on this account(s), you must sign the following authorisation:

Please note: if there are more than two directors, trustees, elected officials, photocopy this section and attach it to this application

Last name

First name(s)

Residential address

Date of birth

Phone (home)

Email

Signature

Last name

First name(s)

Residential address

Date of birth

Phone (home)

Email

Signature

4 Limited liability company, trust, incorporated society - personal guarantee

Last name (of guarantor)

First name(s)

Residential address

Date of birth

Phone

Email

IN CONSIDERATION of Chevron New Zealand and/or its associates supplying any goods or services or any other advances to the account holder and/or cardholder or a person authorised by the entity to receive those goods or services or other advances (“authorised person”).

I, the guarantor, HEREBY GUARANTEE to Chevron New Zealand (“Chevron”) the due and punctual payment of all monies due by the entity named in section 1 of this application form (the “applicant”) or an authorised person to Chevron. I AGREE THAT:

1. This guarantee is a continuing guarantee. This guarantee is not affected or discharged by granting to the applicant of any time or credit, by any waiver, indulgence or neglect to sue, the release of any securities or by the winding up or the bankruptcy of the applicant.
2. My obligation under this guarantee shall be that of a principal debtor.
3. This guarantee shall continue in force even if the applicant’s account with Chevron may from time to time be in credit.
4. If there are two or more guarantors my liability shall be joint and several.
5. I agree to pay all outstanding sums due to Chevron by the applicant (or any authorised person) within seven days of any notice of the applicant’s (or authorised person) default including interest on all outstanding sums at the default rate specified by Chevron and Chevron’s full costs of enforcing this guarantee (including, but not limited to, costs on a solicitor and client basis).
6. MY NET WORTH EXCEEDS the credit limit applied for by the applicant.
7. I/We authorise Chevron New Zealand to carry out ongoing credit checks at their discretion over the period of this account(s) operation and after closure if there is any amount unpaid.

Signature of guarantor

Date

In the presence of (signature of witness)

Phone

Email

Last name of witness

First name(s)

Residential address (of witness)

Chevron New Zealand



CALTEX

Name of account

Bank account from which payments are to be made

(Please attach an encoded deposit slip to ensure your account number is loaded correctly)

Bank	Branch Number	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Authority to accept direct debits

Not to operate as an assignment or agreement

AUTHORISATION CODE

0110494

To The Bank Manager

Bank

Bank address

Town/city

I/We authorise you until further notice to debit my/our account with you all amounts which - **Chevron New Zealand** (Hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

Information to appear on my/our bank statement

Payee particulars

Payer code

Payer reference

Your signature(s)

Bank account holder(s) to complete

x

Date

x

Date

For Bank use only - original - retain at branch

Approved 1049	
10	2007

Date Received

Recorded by

Checked by

Bank Stamp

CONDITIONS OF THIS AUTHORITY

1. The Initiator

- (a) Has agreed to give written notice of the net amount of each Direct Debit no later than the day the Direct Debit is initiated.

This notice will be provided either:

- (i) in writing; or
- (ii) by electronic mail where the Customer has provided prior written consent to the Initiator

The notice will include the following message:-

“The amount \$....., will be direct debited to your Bank account on (initiating date).”

- (b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:-

- (a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

3. The Customer acknowledges that:-

- (a) This Authority will remain in full force and effect in respect of all Direct Debits made from my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.
- (b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other disputes lie between me/us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this Authority, the Bank accepts no responsibility or liability in respect of:-
 - the accuracy of information about Direct Debits on Bank statements
 - any variations between notices given by the Initiator and the amounts of Direct Debits.
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may:-

- (a) In its absolute discretion conclusively determine the order of priority of payment by it or any monies pursuant to this or any other Authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this Authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time-to-time.

6 StarCard report details

All your StarCard statements, invoices and reporting are sent via email, enter your email address below

Please tick the monthly management reports that you would like to receive -

- Transaction summary report (summarises all purchases by product)
- Vehicle Performance report (provides fleet consumption details - please note: for each card, a registration number must be entered) will also require odometer cards.
- Odometer tracking for all StarCards (please note: for various StarCards tick in section 6a where applicable)
- Extract (electronic transaction file that can be loaded into your computer system) enter email address below

6a StarCard card embossing details

Please enter below Driver Name and Vehicle Registration for each card:

- **Vehicle Registration must be entered.** Please tick information that is to appear embossed on the StarCard.
- **Cost Centre** and **Domestic Number** are optional
- **Odometer Tracking** is optional (tick where applicable for individual StarCards) - please note: a registration number must be entered
- **Product Grouping** (*one* code from the following *must be entered* for each StarCard)

01 - Fuel and Oil

02 - Fuel, Oil and Wash

03 - Diesel and Oil

04 - Diesel, Oil and Wash

05 - Mogas and Oil

06 - Mogas, Oil and Wash

07 - Fuel, Oil, Wash and Vehicle Expenses

15 - All Products

Driver/Cardholder Name (Max 27 characters)	<input type="checkbox"/>	Vehicle Registration	<input type="checkbox"/>	Cost Centre (Max 10 characters)	Domestic Number (Max 10 characters)	Odometer Tracking	Product Grouping
	<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"/>				
	<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"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				

Please note: if you require more cards, photocopy this section and attach it to this application

6b StarCard PIN reset contact details

In the event that one of your cardholders forgets their PIN number, they can contact our Customer Service Centre and by quoting a password, have the PIN securely reset. For this process to work you need to nominate a contact person for your account (known as the "PIN Contact") and specify the PIN reset password.

Contact name

Email address

PIN reset password

Fax

7 Terms and conditions (these terms and conditions will apply if this application is approved)

1. Chevron New Zealand (herein referred to as Chevron) will maintain an account for an account holder and any authorised persons of that account holder and will prepare and make available to the account holder an individual statement in respect of that account.
2. The terms of payment are by Direct Debit 10 days following the date of statement.
3. The account holder agrees to pay all amounts owing to Chevron by the account holder or any authorised persons of that account holder from time-to-time.
4. Should the account holder's credit limit be exceeded at any time the account holder must pay sufficient monies to bring the account within its credit limit prior to further supply.
5. If the account holder fails to make a payment by the due date Chevron reserves the right to charge interest on the overdue amount at two percent per month from the date payment is due until the date payment is made.
6. Chevron has the right to cancel the account at any time without need for prior notice to the account holder.
7. The account holder shall be liable for all costs of collection and legal fees incurred by Chevron in recovering amounts payable by the account holder.
8. All debts incurred prior to, and including, the date when the account is closed must be paid by the account holder to Chevron immediately.
9. Chevron reserves the right to vary these Terms and Conditions from time to time. The variation will become effective on Chevron sending notification to the account holders. This shall be deemed to be on the day after the date of posting or emailing to the account holder of the notification to the last postal or email address of the account holder known to Chevron.
10. The account holder must periodically provide to Chevron such financial information or security as shall be deemed necessary by Chevron to support any credit extension. If at any time the account holder's financial capacity becomes impaired or unsatisfactory to Chevron, in sole judgment of Chevron, the account holder must make an advance cash payment or security or provide a security to Chevron, on the terms satisfactory to Chevron, and (where applicable and without prejudice to Chevron's rights under clause 6 of these Terms and Conditions) Chevron may cancel or suspend the account holder's right to use StarCard until such payment or security is received.
11. If the account holder consents Chevron may send account information, including statements, to the account holder by electronic means, including email over the internet.
12. The account holder agrees that the account and all use of StarCard by the account holder or any authorised persons of that account holder is also subject to and governed by the terms of the Supply Contract ("Supply Contract") attached to the Broker Contract entered into between Chevron and GSB Supplycorp Limited (as varied by Chevron and GSB Supplycorp Limited). In the event of any conflict, these Terms and Conditions shall prevail over such Supply Contract.

8 Declaration

1. I/We confirm that the foregoing statements are true and complete.
2. I/We understand that Chevron New Zealand reserves the right to decline any applications.
3. I/We have read and understood the Terms and Conditions of this account application and the Supply Contract and agree to be bound by them.
4. Upon acceptance of this application, should it include application for one or more StarCards, I/We agree to be bound by the StarCard terms and conditions.
5. Pursuant to the Privacy Act 1993 the following has been brought to my attention:
 - (a) This form collects personal information about me for the purposes of providing a credit account, administration of that account and for the purposes of providing ongoing information about our products and services. The intended recipient of the information is Chevron New Zealand. The information being collected by Chevron New Zealand, is securely transmitted electronically to the Customer Service Centre in Manila, Philippines for processing and is then held at Chevron New Zealand, Level 3, 604 Great South Road, Greenlane, Auckland 1051. This application and any accompanying documentation will be held for the period that this account is open and for 12 months (12) months after the account is closed and paid in full. Failure to provide this information may result in my application being declined. I have rights of access to, and may request the correction of personal information about me held by Chevron New Zealand.
 - (b) I/We authorise any person or company to provide Chevron New Zealand with such information as it may require in response to credit enquiries.
 - (c) I/We authorise Chevron New Zealand to furnish to any third party details of this and any subsequent dealings that I/We may have with Chevron New Zealand as a result of the application being approved.
 - (d) I/We authorise Chevron New Zealand to carry out ongoing credit checks at their discretion over the period of this account(s) and after closure if there is any amount unpaid.

Please note: If this application is for a partnership, all partners must sign. If there are more than two partners photocopy this section and attach it to this application.

Last name

First name(s)

Signature

Date

Last name

First name(s)

Signature

Date

OFFICE USE ONLY - Business Manager to complete

Type of account

Delivery type (bulk/compartment/pump)

Territory

Petrol Diesel Lubricants Other StarCard

Proposed credit limit

Refines \$

Lubricants \$

StarCard \$

Comments

Credit department to complete

Customer group 2

Customer group 4

Child carrier number

Parent carrier number

Customer number

Customer number

Customer number

Refines

Lubricants

StarCard

Approved credit limit

Refines \$

Lubricants \$

StarCard \$

CC Number

Credit controller signature

Type

Class of buyer

SIC

Date entered by CM