



AGRONOMY | ENERGY | FEED | GRAIN | RETAIL

Request for Cardtrol Fuel Card

Customer Name: _____ Acct # _____ *

*(Customer must have a Five Star account to retain a fuel card, please complete an Account Application if needed)

Business Name: _____

Number of Cards & Card Type:

_____ Combination Card(s) (Diesel & Gas)

_____ Diesel Only Card(s)

_____ Gas Only Card(s)

Locations for use (check all that apply):

If multiple cards (check one):

_____ New Hampton

_____ Same Pin

_____ Hanlontown

_____ Different Pins

_____ Scarville

Card Delivery Method (check one):

_____ Mail to account address on file

_____ Customer will pick up at _____ location

Customer Signature: _____ Date: _____

Please mail or fax form to address below:

Five Star Cooperative

PO Box 151

New Hampton, IA 50659

- There is no charge for the Cardtrol cards

- No annual fees

Five Star Coop's account policy general provisions and terms apply (see account application for policy)

1949 North Linn Avenue, PO Box 151, New Hampton, Iowa 50659 | 641.394.3052