



## Request for Cardrol 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):

\_\_\_\_\_ Lawler

\_\_\_\_\_ Same Pin

\_\_\_\_\_ New Hampton

\_\_\_\_\_ Different Pins

\_\_\_\_\_ Hanlontown

\_\_\_\_\_ Scarville

Card Delivery Method (check one):

\_\_\_\_\_ Mail to account address on file

\_\_\_\_\_ Customer will pick up at \_\_\_\_\_ location  
(specify location)

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail or fax form to address below**

There is no charge for the Cardrol cards

No annual fees

Five Star Coop's account policy general provisions and terms apply

(see account application for policy)

**P.O. Box 151 • 1949 North Linn Avenue • New Hampton, IA 50659 • PH: 641.394.3052 • Fax: 641.394.2920**

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