



CALTEX STARCARD ORDER FORM



Date: _____ / _____ / _____

Fax to: (07) 3623 5294

Customer Name: _____

Phone: (07) 3623 5200

Account Number: _____

Attention: Cheryl Rodgers

Card Type				Card Identification	Details of Vehicle if Rego is shown:					All Cards:			
ALL PRODUCTS	FUELS & LUBES - NO DIESEL	FUELS & LUBES + DIESEL	DIESEL & LUBES ONLY	NAME OR REGO TO BE SHOWN ON CARD:	Make	Model	Body Type	Colour	Year of Manufacture	State where Registered	ODOMETER READING Y/N?	PIN REQUIRED Y/N?	\$ CREDIT LIMIT IF REQ'D (PER CARD, PER MONTH)