



United States Department of State

*Office of Foreign Missions
Washington, D.C. 20520*

NOTICE

Gasoline Tax-Exemption Now Available with CITGO

The Office of Foreign Missions (OFM) recently learned that CITGO has changed their credit card provider and will now provide gasoline tax-exempt credit cards for foreign missions, international organizations and their eligible personnel. Attached is a copy of the CITGO Fleet Commercial Credit Card Application. These applications can also be found at all the participating CITGO gasoline stations.

The applications must be submitted to OFM. Please do not mail or fax applications directly to the gasoline company. Information concerning the provision of tax-exemption on the purchases of gasoline and diesel fuels is available at OFM's website at www.state.gov/ofm/tax/.

For additional questions or comments concerning this information please contact OFM by telephone at (202)-895-3500 option 2, by email at OFMTaxCustoms@state.gov, or the nearest OFM Regional Office.

Attachment 1: CITGO Fleet Commercial Credit Card Application

March 18, 2008

CITGO Fleet COMMERCIAL CREDIT CARD APPLICATION

P.O. Box 923928, Norcross, GA 30010-3928 FAX: 866/512-3076
 Please retain original application if transmitted to CITGO by FAX.
 Complete application in full.



BILLING TYPE: Standard - No Fee Enhanced - \$0 - \$5 per month (See schedule below)

INTERNAL USE ONLY	
APP NO.	_____
AC NO.	_____
BILLING GROUP	_____
PROMO 1	PROMO 2
SIC	EMP
REP	MKT

APPLICATION	CREDIT CARD APPLICATION (Please Type or Print Clearly)			
	BUSINESS NAME			
	PREFERRED BUSINESS NAME, TRADING NAME OR DBA NAME TO APPEAR ON CREDIT CARD			
	STREET ADDRESS (PLEASE PROVIDE FULL STREET ADDRESS INCLUDING ZIP IF DIFFERENT THAN MAILING ADDRESS)			
	MAILING ADDRESS			
	CITY/TOWN STATE		STATE	ZIP CODE
	BUSINESS AREA CODE & PHONE NO. ()		ALTERNATE PHONE IF FIRST IS A RECORDER OR ANSWERING SERVICE ()	FAX NO. ()
	YEARS IN BUSINESS UNDER PRESENT OWNERSHIP	COMPANY ANNUAL SALES VOLUME \$	NO. OF EMPLOYEES EXCLUDING OWNER	TYPE OF BUSINESS: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PRIVATE CORP. <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> PUBLIC CORP.
	NATURE OF BUSINESS SERVICES		COMPANY WEB SITE ADDRESS	<input type="checkbox"/> TAX EXEMPT *REQUIRES EXEMPTION CERTIFICATE
	SPECIFY IF ABOVE COMPANY IS: <input type="checkbox"/> FRANCHISE <input type="checkbox"/> DIVISION <input type="checkbox"/> BRANCH <input type="checkbox"/> SUBSIDIARY		LIST NAME AND LOCATION OF HEADQUARTERS AND/OR PARENT FIRM	
PRIMARY CONTACT'S NAME	POSITION/TITLE	AREA CODE & TELEPHONE ()	E-MAIL ADDRESS (Required for website access)	
SECONDARY CONTACT'S NAME	POSITION/TITLE	AREA CODE & TELEPHONE ()	E-MAIL ADDRESS	
NAME AND RESIDENCE ADDRESS OF OWNER, PARTNERS OR OFFICERS (Also include Personal CITGO Account, if any)				
NAME	1	2	3	
RESIDENCE ADDRESS				
CITY/STATE				
SOCIAL SECURITY NO.				
CITGO CARDS (IF YOU HAVE/HAD PLEASE LIST ACCOUNT NUMBERS)				

REFERENCE	BANK REFERENCE					
	NAME OF BANK	ADDRESS	CHECKING ACCOUNT NUMBER			
	NAME OF BANK OFFICER FAMILIAR WITH BUSINESS	AREA CODE & TELEPHONE ()	FAX NO. ()			
	BUSINESS CREDIT REFERENCES					
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	AREA CODE & TELEPHONE ()
NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	AREA CODE & TELEPHONE ()	ACCOUNT NUMBER
FUEL SUPPLIER NOW SELLING TO YOU ON CREDIT						
NAME	ACCOUNT NUMBER	AREA CODE & TELEPHONE ()				

MAXIMUM AMOUNT OF MONTHLY CREDIT REQUESTED FOR THIS ACCOUNT MUST BE COMPLETED TO PROCESS APPLICATION \$ /MO.	NO. OF CARDS REQUESTED	ENHANCED FLEET SERVICE CHARGES up to \$10,000 = \$5 \$10,001 and over = \$0 FEE WILL BE BASED ON ACTUAL MONTHLY BILLING VOLUMES
IF CREDIT CARD IS TO BE RETAINED BY CITGO STATION (STATION CONTROL CARD) PLEASE COMPLETE BELOW.		
*NOTE: Some CITGO retailers do not participate in the station control card program.		
NAME AND COMPLETE MAILING ADDRESS OF CITGO STATION WHERE CREDIT CARD WILL BE RETAINED.		CITGO STATION LOCATION NUMBER (FROM IMPRINTER SLUG)

I CERTIFY THAT I AM AUTHORIZED TO SUBMIT THIS APPLICATION FOR CREDIT ON BEHALF OF THIS COMPANY

X SIGNATURE DATE X NAME (PLEASE PRINT OR TYPE) TITLE

In accepting the card(s) by signing, use or permitting use by others, the abovesigned agrees to Terms and Conditions as contained on and in the folder in which abovesigned receives the card(s), and accordingly, to pay CITGO Petroleum Corporation for purchases made and credit extended with the use of the card(s). It is understood such Terms and Conditions provide, among other things, that late fees not in excess of those permitted by law will be charged.

The abovesigned authorizes CITGO Petroleum Corporation to obtain a credit report on applicant, contact references and provide a copy of this application to those references as deemed necessary by CITGO. Owner(s) of Privately held Corporations and Limited Liability Companies authorize CITGO to investigate the Credit record of owner(s) in determination of a credit decision.