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# New Account Application

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## For Business Accounts

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Maui Oil Company, Inc.  
Last updated: November 29, 2018

Included in this application packet are three forms:

1. Business Account Credit Application
2. Card Request Form
  - a. *(Optional)*
    - i. If you are not planning to use the MOCI Fueling System at this time, simply sign at the bottom and leave all the other fields blank.
  - b. If you require more cards than the form allows, please contact us.
3. Direct Payment Authorization Form (ACH)
  - a. *(Optional)*
    - i. If you do not want to enroll in the Direct Payment Plan, simply sign at the bottom and leave all the other fields blank.
  - b. You can omit the "Account Name" and "Account Number" fields – these will be assigned after the credit application is approved.

Referred by:

**Maui Oil Company, Inc. Business Account Credit Application**

16 Hobron Ave., Kahului, HI 96732 (808) 871-6220 Fax: (808) 871-7411

[www.mauioil.com](http://www.mauioil.com) Follow us on social media:    



Registered Name of Business \_\_\_\_\_

Type of Business  LLC  Corporation  Partnership  Sole Proprietorship

Business Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary / AP Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email Address (@) \_\_\_\_\_ Sign up for Paperless:  Statements  Receipts

Fed. Tax ID # \_\_\_\_\_ HI GET # \_\_\_\_\_

Name of Principal \_\_\_\_\_ Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ Email \_\_\_\_\_

Estimated Monthly Purchases (dollar amount) \_\_\_\_\_

**Credit References (Please provide at least two)**

*For example: Auto Part Stores, businesses with open charge accounts, etc.*

Company \_\_\_\_\_ Ph# \_\_\_\_\_

Company \_\_\_\_\_ Ph# \_\_\_\_\_

Company \_\_\_\_\_ Ph# \_\_\_\_\_

**Banking Information**

Name of Institution \_\_\_\_\_

Branch \_\_\_\_\_

Account # \_\_\_\_\_ Type of account:  Checking  Savings  Brokerage

**Release of Information**

I hereby authorize the above-named credit references, banks, credit unions, and/or brokerage firms to release any and all information requested by Maui Oil Co, Inc. relating to any accounts or business dealings I have with the above-referenced institutions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**MAUI OIL COMPANY INC. CREDIT SALE CONTRACT  
(BUSINESS)**

This Credit Sale Contract is entered into by Maui Oil Company, Inc., whose mailing address is 16 Hobron Ave. Kahului Maui Hawaii hereinafter referred to as "MOCI" and the person(s) signing this Agreement below as "Guarantor" and/or as "Customer" who is hereinafter referred to as "Customer." This Contract defines the terms for the use of the MOCI Motor Fueling System ("MFS") and payment for fuel purchased through the MFS and the purchase of bulk fuels and lubricants. As used in this Contract, Customer may also be referred to as "I", "you," "me," "Buyer," "we" and "your."

1. **Credit Approval** I (we) consent to and authorize MOCI to obtain and use a consumer credit report relating to me and obtain such reports from time to time as may be required by MOCI in my ongoing credit evaluation by MOCI. The receipt of this Credit Sale Contract signed by you and delivered to MOCI shall not be deemed an approval of the credit requested until and unless it is approved by MOCI. MOCI reserves the right to refuse the extension of credit to any Customer, unless prohibited by law.

2. **Payments** MOCI will send a monthly statement ("Statement") for the purchase of all products. Customer shall pay the total amount shown on the Statement within THIRTY (30) days of the date of the Statement. If any payment is made on the account by check, money order, or other item that is returned unpaid after being sent for collection, a returned check charge of \$30.00 (plus tax) will be assessed to the account.

**If full payment is not MADE BY the 30TH day from the Statement DATE, you agree to pay a Finance Charge at the rate of one and one-half percent (1.5%) per month. The Annual Percentage Rate of the Finance Charge is EIGHTEEN percent (18%) per annum commencing on the 30TH day after the APPLICABLE statement date.**

3. **Cancellation** MOCI reserves the right to terminate and cancel any accounts that are not paid when due as set forth herein. MOCI further reserves the right to cancel this Contract at any time, for any reason including, but not limited to, violations of the MOCI Fueling System Agreement.

4. **Cost of Collection.** If any sums due to MOCI shall not be paid in the accordance with the terms hereof and the account is placed into the hands of an attorney or collection agency for collection, or if suit is brought hereunder, Customer further promises and agrees to pay, in either case, all costs and fees of prejudgment and post judgment collection efforts by an attorney or collection agency to collect all sums hereunder to the maximum amount allowed by law.

5. **Pin Numbers Lost or Stolen Cards.** I agree to keep my personal identification number(s) (PIN) separate from any cards issued to me, so that if a card is lost or stolen, the PIN will not be available for an unauthorized user. I agree not to write my PIN number(s) on my card. In the event the card is lost or stolen I will notify MOCI immediately at (808) 871-6220 or in person. Notice of a lost or stolen card must be given to a person at MOCI. Leaving a message on an answering device is not notice.

6. **Liability for Payment.** I agree to pay all charges made by me or by any person on any account opened for me by MOCI including those charges that were unauthorized even if my card has been lost or stolen, unless prohibited by law, until I notify MOCI by actually talking to a person at MOCI (or by written notice the receipt of which has been acknowledged by MOCI) of the cards theft or loss **and** the cards or PIN number(s) have been canceled by MOCI.

7. **Liability for Damages.** You will be responsible and liable for all costs, expenses, claims, personal injuries, and damages to the fueling facility and to other customers caused by you or by any person who possesses your card and uses the fueling facility.

**NOTICE TO THE BUYER**

**Do not sign this Contract before you read it. When you sign this Contract, you are entitled to a copy of it, that is filled in, in every necessary respect. You should keep it. This Contract is covered by Hawaii's Credit Sale Law, and you the rights of a Buyer under that Law. You also may have rights under other state and federal laws.**

**CREDIT SALE CONTRACT**

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Social Security Number (last 4 digits)

\_\_\_\_\_  
Date

*If Customer will be using the MOCI Fueling System card for business, commercial, or agriculture purposes or the Customer is a corporation, limited liability company, limited partnership, general partnership, or limited liability partnership then Hawaii's Credit Sales Law will not apply to this Contract.*

**PERSONAL GUARANTEE**

For value received, the undersigned Guarantors do hereby jointly and severally and unconditionally guaranty payment of all sums required to be made hereunder by the Customer. If Customer fails to make any payment due to MOCI the Guarantors hereby agree to pay the unpaid outstanding principal balance plus interest and costs accrued on demand. The Guarantors understand and agree that this is a continuing personal guaranty and it shall obligate the Guarantors to pay all future charges made by the Customer. This continuing, unconditional personal guaranty shall be binding upon Guarantor’s respective heirs, personal representative, successors and assigns, and shall insure to the benefit of MOCI and their successors and assigns.

\_\_\_\_\_  
Guarantor’s Name

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
Guarantor’s Signature

\_\_\_\_\_  
Social Security Number (last 4 digits)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Guarantor’s Name

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
Guarantor’s Signature

\_\_\_\_\_  
Social Security Number (last 4 digits)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**Maui Oil Company, Inc.**  
**Business Account Card Request Form**



16 Hobron Ave., Kahului, HI 96732 (808) 871-6220 Fax: (808) 871-7411

[www.mauioil.com](http://www.mauioil.com) Follow us on social media:    

Please fill out the below form for each fuel card and driver requested.

Choose any or all of the three available fuel types: Gasoline, Highway Diesel, Dyed Off-road Diesel

An optional Odometer Prompt is also available for your convenience.

The purchase of Dyed Off-road Diesel requires an M-38 form – you can find it online at the [State of Hawaii Tax Forms](#)

If you are not planning on using the MOCI Fueling System at this time please fill out the **Authorized Person on Account** section below and leave the **Fuel Cards Information** section blank.

Drivers (Pins) can be shared across all cards on the account

Card Label / Description and Driver Name will show up on the monthly statement

### Fuel Cards Information

#	Card Label / Description <i>(eg: Vehicle, License Plate, etc.)</i>	Gasoline	Highway Diesel	Dyed Off-road Diesel	Odometer Prompt	Other Information
1						
2						
3						
4						
5						
6						

### Driver Information

#	Driver Name	Requested Pin	Other Information
1			
2			
3			
4			
5			
6			

### Authorized Person on Account

The person who signs below will be authorized to make changes to cards / pins on the account.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address



**MAUI OIL COMPANY, INC.**  
**DIRECT PAYMENT PLAN**  
 Call Us! 808.872.1416

Our **Direct Payment Plan** allows you to have your payment deducted automatically from your checking account.

**The Direct Payment Plan will help you in several ways:**

- o It saves time--fewer checks to write.
- o Helps meet your commitment in a convenient and timely manner—even if you're on vacation or out of town.
- o No lost or misplaced statements, your payment is always on time—it helps maintain your good credit standing.
- o It saves postage.
- o Timely payments avoid finance charges.
- o Timely payments avoid credit holds.

**Here is how the Direct Payment Plan Works**

Your monthly statements balance due will be withdrawn from your checking account on the day you choose; either the 5th, 10th or 15th of the following month. For example, your January statement balance due will be withdrawn from your account in February, either the 5th, 10th or 15th, depending upon your personal choice .

**IMPORTANT INFORMATION**

**ENROLLMENT:** Complete and return the AUTHORIZATION FORM below. Please attach a voided check to verify your bank routing/transit and account number. If the form is received by the 25th of the month, your payment will be deducted on the 5th, 10th, or 15th (your personal choice) of the following month.

**PAYMENT WITHDRAWALS:** Your monthly statement's balance due will be withdrawn on the day you choose: either the 5th, 10th, or 15th of the month. In any payment month, if your payment day falls on a weekend or holiday, the payment will be withdrawn on the next business day.

**ACCOUNT CHANGES:** If you change your bank or bank account, you must submit a new, complete AUTHORIZATION FORM. These or any other changes or cancellations require written notification by the 25th of the month, for an effective date of the following month.

**STOP PAYMENTS:** Stop payment requests should be arranged through your bank.

**REJECTED PAYMENTS:** A charge of \$30.00 will be assessed for each rejected payment. Any unresolved rejected payment may result in immediate credit hold.

**AUTHORIZATION FORM**

I authorize MAUI OIL COMPANY, INC. to initiate electronic debit entries to my checking account for payment of my MAUI OIL COMPANY, INC. account.

My Maui Oil account name is: \_\_\_\_\_

My Maui Oil account number is: \_\_\_\_\_

My phone number is: \_\_\_\_\_

My email address for invoicing: \_\_\_\_\_  use email address from credit application

I prefer the following day for my monthly payment:  5th  10th  15th  
 (choose one; see above information)

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Name: \_\_\_\_\_

Financial Institution City and State: \_\_\_\_\_

Financial Institution Routing/Transit Number: \_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_

Name as it appears on Bank Account: \_\_\_\_\_

**Please choose one of the following incentives for enrolling in our Direct Payment Plan**

- \$24 Credit applied to your next monthly bill  2 Free Carwashes - \$24 value

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE STAPLE A VOIDED CHECK TO THIS FORM - PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS**