



New Account Application

For Business Accounts

Maui Oil Company, Inc.
Last updated: March 22, 2023

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.

Maui Oil Company, Inc. Business Account Credit Application

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

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Registered Name of Business _____

Type of Business LLC Corporation Partnership Sole Proprietorship

Nature of Business: _____ Referred by: _____
E.g. construction, agriculture, etc. Name of salesperson / employee

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 Company, Inc. relating to any accounts or business dealings I have with the above-referenced institutions.

Signature

Date

Print Name

Title

Date of Birth

Maui Oil Company, Inc.
Business Account Card Request Form



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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! 808.872.1405

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