

New Account Application

For Business Accounts

Maui Oil Company, Inc. Last updated: June 6, 2025

Included in this application packet are four forms:

- 1. Business Account Credit Application
- 2. Card Request Form (Optional)
 - a. 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) (Optional)
 - 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.
- 4. Paperless Enrollment Form (Optional)
 - a. If you do not want to enroll in the Paperless Program, simply sign at the bottom and leave all the other fields blank.

Maui Oil Company, Inc. Business Account Credit Application

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











I consen Reply ST recurring

Registered Name of Busine	ess				
Type of Business	[]LLC	[] Corporation	[] Partner	rship [] Sole Pro	oprietorship
Nature of Business:				Referred by:	
	E.g. co	onstruction, agriculture, etc.			Name of salesperson / employee
Business Street Address					
City			State		Zip
Business Mailing Address					
City			State		Zip
Primary / AP Contact				Phone	
Email Address (@)				* Learn about our paper	less program: https://bit.ly/3Fkn1vk
Fed. Tax ID #			HI GET #		
Name of Principal			Phone		
Residence Address			Email		
Estimated Monthly Purchas	ses (dollar amou	ınt)			
I consent to receive infor Reply STOP to opt-out; I recurring messages will I	Reply Help for supp be sent. Link to Pri Cred	oort; Message and data r	ates may apply; I mauioil.com/prive se provide at l	Messaging frequency in acypolicy/ least two)	may vary based on activity,
Company				Ph#	
				701 //	
		Banking In	formation		
Name of Institution					
Branch					
			pe of account:	: [] Checking [] Savings [] Brokerage
		Release of Ir	formation		
I hereby authorize the abov information requested by M referenced institutions.					
Signature			Date		
Print Name			Title		Date of Birth

CREDIT SALE CONTRACT

This is a Credit Sale Contract with Maui Oil Company. Inc., Lanai Oil Company Inc., Big Island Energy Co. Inc. and/or GP Energy Company, LLC hereinafter referred to as the "Company" and the person signing this Agreement below who is hereinafter referred to as "Customer." This Contract defines the terms for the use of the Company 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 <u>Credit Approval</u> I (we) consent to and authorize the Company to obtain and use a consumer credit report relating to me and obtain such reports from time to time as may be required by the Company in my ongoing credit evaluation by the Company. The Company reserves the right to refuse the extension of credit to any customer, unless prohibited by law. The receipt of this Credit Sale Contract signed by you and delivered to the Company shall not be deemed approval of the credit requested until and unless it is approved by the Company. The Company reserves the right to refuse the extension of credit to any Customer, unless prohibited by law.
- 2 <u>Payments</u> The Company will send a monthly statement ("Statement") for the purchase of all products. Customer shall pay the total amount shown on the Statement within FIFTEEN (15) days of the date of the Statement. If any payment is returned after being sent for collection, a return charge of \$30.00 will be assessed to the account.

IF FULL PAYMENT IS NOT MADE BY THE 15TH DAY, 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 16TH DAY AFTER THE APPLICABLE STATEMENT DATE.

- 3. <u>Cancellation</u> the Company reserves the right to terminate and cancel any accounts that are not paid when due as set forth herein. the Company further reserves the right to cancel this Contract at any time, for any reason including, but not limited to, violations of the Company Fueling System Agreement.
- 4. <u>Cost of Collection</u>. If any sums due to the Company 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 the Company immediately by telephone or in person. Notice of a lost or stolen card must be given to a person at the Company. Leaving a message on an answering device is not notice of a lost or stolen card.
- 6 <u>Liability for Payment</u>. I agree to pay all charges made by me or by any person on any account opened for me by the Company including those charges that were unauthorized, even if my card has been lost or stolen, unless prohibited by law, until I notify the Company by actually talking to a person at the Company (or by written notice the receipt of which has been acknowledged by the Company) of the cards theft or loss **and** the cards or PIN number(s) have been canceled by the Company.
- 7. <u>Liability for Damages</u>. 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.

Customer's Signature Customer's Name (PRINT) Last 4 of SSN Date of Birth The undersigned Guarantor do hereby jointly and severally and unconditionally guarantee payment of all sums required to be made hereunder by the Customer. If Customer fails to make any payment due to the Company the Guarantor hereby agree to pay the unpaid outstanding principal balance plus interest and costs accrued on demand. The Guarantors agree that this is a continuing personal guaranty and it shall obligate the Guarantor 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 inure to the benefit of the Company and their successors and assigns. Guarantor's Signature Date Signed

If Customer will be using the Company 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.

Last 4 of SSN

Date of Birth

Guarantor's Name (PRINT)

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



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Please fill	out the below form for each fuel card and dr	river requested.				
Choose any	y or all of the three available fuel types:	Gasoline, Highv	way Diesel,	Dyed Off-1	oad Diesel	
An optiona	d Odometer Prompt is also available for you	r convenience.				
The purcha	ase of Dyed Off-road Diesel requires an M-3	88 form – you c	an find it or	nline at the	State of Hav	vaii Tax Forms
	not planning on using the MOCI Fueling System the <u>Fuel Cards Information</u> section		e please fill	out the Au	thorized Pe	erson on Account section
Drivers (Pi	ns) can be shared across all cards on the acc	count				
Card Label	/ Description and Driver Name will show u	p on the month	ly statemen	nt		
	Fue	I Cards In	format	ion		
#	Card Label / Description (eg: Vehicle, License Plate, etc.)	Gasoline	Highway Diesel	Dyed Off- road Diesel	Odometer Prompt	Other Information
1						
2						
3						
4						
5						
6						
	D	river Info	rmatio	n		
#	Driver Name	e Requested Pin Other Information			ther Information	
1						
2						
3						
4						
5						
6						
The person	Authorized to make	zed Perso				
Print Nam	ne	Si	gnature			Date

Phone Number

Email Address

Title



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 REJECTED PAYMENTS: A charge of \$30.00 will be 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.

assessed for each rejected payment. Any unresolved rejected payment may result in immediate credit hold.

	horize MAUI OIL COMPANY, INC. to initiate electronic debit entries king account for payment of my MAUI OIL COMPANY, INC. account	
My Maui Oil account na	ne is:	
My Maui Oil account num	er is:	
My phone num		
My email address for invo		use email address from credit applicatio
I prefer the following day for my mon (choose one; see above information)	aly payment: 5th 10th 15th	
	ACH transactions to my account must comply with the provisions will remain in effect until I have cancelled it in writing.	
Financial Institution I	ame:	
Financial Institution City and	tate:	
Financial Institution Routing/Transit Nu	nber:	
Account Number at Financial Instit	tion:	
Name as it appears on Bank Acc	ount:	
Your Signature:	Date:	

PLEASE PROVIDE A VOIDED CHECK OR ACCOUNT CONFIRMATION LETTER FROM YOUR BANK ALONG WITH THIS FORM. PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

Maui Oil Company, Inc. Paperless Enrollment Form



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Name	Name: Account Number:						
		(you can find your account number on your latest statement, leave blank if new customer)					
		MONT	HLY STATEMI	ENTS			
	Pleas	e sign me up to rec	eive my monthly statem	ents by em	ail:		
Email	Addres	S: 					
		FU	JEL RECEIPTS	3			
	Please sign me up to receive my fuel receipts by text or email						
		I would like to rece	ive my receipts by: (cho	ose one or	both)		
Emai	il (@)	Email Addr	ess: 				
Text (SMS) Phone Number:		ıber:					
Repl base	ly STOP to ed on activ	•			nging frequency may vary		
		Thank you for o	enrolling in our paperl	ess progra	m!		
Print Na	me		Signature		Date		