



**HFN - Hawaii Fueling Network
Maui Petroleum Inc.
385 Hukilike Street Ste 101, Kahului, HI 96732
Phone: (808) 270-2802 Fax: (808) 270-2801**

FUEL CREDIT APPLICATION for SPO PRICE LIST CONTRACT NO. 13-14

FOR NEW ACCOUNTS

Please complete all information requested on the attached Credit card application. Failure to complete all information requested may delay the distribution of new credit cards.

Please submit application forms to HFN by fax at (808)270-2801, email: tammie@maui petroleum.com or mail to PO BOX 1566 Kahului, HI 96733.

Within seven (7) days upon receipt of your completed application, HFN shall establish a card number for each vehicle or if applicable, each driver listed on the application, provide a list of all assigned card numbers along with your new credit cards and mail gas credit cards to the agency at HFN expense.

FOR EXISTING ACCOUNTS

Agencies that have existing HFN accounts, please contact our office at (808)270-2802, or email tammie@maui petroleum.com for continuation of services and to receive the State Procurement Office Price List contract pricing.

Any questions, please contact our office at 808-270-2802.

Primary Contact: Tammie
tammie@maui petroleum.com

Secondary Contact: Debra
HFNoffice@maui petroleum.com

Thank you for your cooperation.



Around the corner. Across the neighbor islands.

Hawaii Fueling Network
A Division of Maui Petroleum, Inc.
385 Hukilike St. Ste 101 Kahului, HI 96732
Phone: (808) 270-2802 Fax: (808) 270-2801

GASOLINE FUELING AND CREDIT CARD SERVICES APPLICATION

BASIC INFORMATION

Department and Jurisdiction: _____
Division: _____
Branch, if applicable: _____
Street Address: _____
City/State/Zip: _____

BILLING INFORMATION

Monthly Statements shall be sent to:

Department and Jurisdiction: _____
Division: _____
Branch, if applicable: _____
Billing Address: _____
City/State/Zip: _____
Contact Name: _____
Phone: _____ Accounting Fax: _____
Accounting E-mail: _____

Monthly Statements payable to:

MAUI PETROLEUM INC
PO BOX 1566, KAHULUI, HI 96733

OPERATIONS INFORMATION

Credit cards shall be mailed to:

Department and Jurisdiction: _____
Division: _____
Branch, if applicable: _____
Operations Contact Name: _____
Operations Phone: _____ Operations Fax: _____
Operations E-mail: _____
Alternate Operations Contact Name: _____
Operations Phone: _____ Operations Fax: _____
Operations E-mail: _____

Note: Operations Contact will be responsible for impressing on drivers the importance of keeping their PIN confidential.



Department and Jurisdiction: _____
 Division: _____
 Branch, if applicable: _____

Contact Name: _____
 Phone: _____
 Facsimile: _____
 E-mail: _____

NO.	VEHICLE DESCRIPTION				DRIVER IDENTIFICATION						
	License No. 7 digits (Alpha-Numeric)	MAKE 3 digits (Alpha only)	MODEL 4 digits (Alpha only)	YEAR 2 digits (Numeric)	Starting Odometer Reading** (please complete)	REG 87 GAS (CIRCLE) (REPLY)	PREM 92* GAS (CIRCLE) (REPLY)	HIGHWAY DIESEL (CIRCLE) (REPLY)	NO.	DRIVER NAME 10 digits (Alpha-Numeric) (OPTIONAL)	ID NO. 4 digit (Numeric) (OPTIONAL)
1						YES / NO	YES / NO	YES / NO	1		
2						YES / NO	YES / NO	YES / NO	2		
3						YES / NO	YES / NO	YES / NO	3		
4						YES / NO	YES / NO	YES / NO	4		
5						YES / NO	YES / NO	YES / NO	5		
6						YES / NO	YES / NO	YES / NO	6		
7						YES / NO	YES / NO	YES / NO	7		
8						YES / NO	YES / NO	YES / NO	8		
9						YES / NO	YES / NO	YES / NO	9		
10						YES / NO	YES / NO	YES / NO	10		
11						YES / NO	YES / NO	YES / NO	11		
12						YES / NO	YES / NO	YES / NO	12		
13						YES / NO	YES / NO	YES / NO	13		
14						YES / NO	YES / NO	YES / NO	14		
15						YES / NO	YES / NO	YES / NO	15		
Total Vehicles in Fleet (Page ___ of ___)											

** Note: Agencies are requested to input starting Odometer reading (rounded to nearest whole number) currently registered in the vehicle. **All** vehicles will require Odometer Reading entry by driver prior to fueling



Hawaii Fueling Network is going paperless. That's right we are now providing customers the **option** to receive invoices electronically via e-mail. Help protect the environment, conserve resources, and receive your invoice more quickly.

Yes, please send my HFN invoices via email instead of mailing:

HFN Account# _____ (leave blank if unknown) Phone# _____

Email address _____ @ _____ (please print clearly)

Email address _____ @ _____ (please print clearly)

Email address _____ @ _____ (please print clearly)

Email address _____ @ _____ (please print clearly)

(please note, only one email address is required for E-invoice, but additional addresses can be setup as well)

I understand that HFN invoices will no longer be mailed through the USPS.

HFN Account Holder Name: _____ (please print)

HFN Account Holder Signature: _____ Date _____

Neither Maui Petroleum Inc nor Hawaii Petroleum Inc will rent, sell, or share your information.