



Aloha Petroleum Ltd. Dba Save-A-\$ Club of Hawaii

P.O. Box 500 Honolulu, HI 96809

Phone: (808)522-9222 Fax: (808)522-9707

FUEL CREDIT APPLICATION for SPO PRICE LIST CONTRACT NO. 17-17

FOR NEW ACCOUNTS

Please complete all information requested on the attached Credit card application (pages 2-4). Failure to complete all information requested may delay the distribution of new credit cards.

Please submit application forms to Aloha Petroleum, Ltd dba Save-A-\$ Club of Hawaii by fax at

(808)522-9707, [email: customerservice@alohagas.com](mailto:customerservice@alohagas.com) or mail to PO BOX 500 Honolulu, HI 96809.

Within seven (7) days upon receipt of your completed application, Aloha Petroleum, Ltd dba Save-A-\$ Club of Hawaii 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 Aloha Petroleum, Ltd dba Save-A-\$ Club of Hawaii expense.

For card reorder fill out page 5.

Any questions, please contact our office at 808-522-9222.

customerservice@alohagas.com

Thank you for your cooperation.



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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:

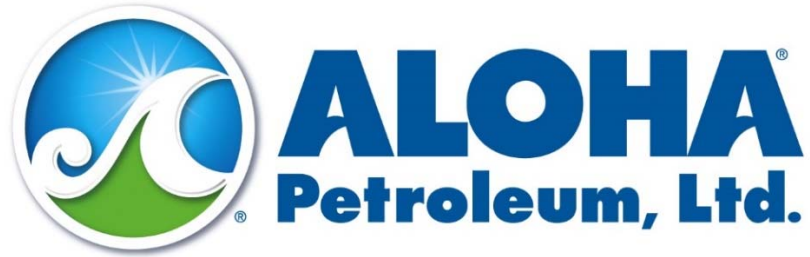
Save-A-\$ Club of Hawaii
PO BOX 380029, Honolulu, HI 96838-0029

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.



Aloha Petroleum, Ltd dba Save-A-\$ Club of Hawaii 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 Aloha Petroleum, Ltd dba Save-A-\$ Club of Hawaii invoices via email instead of mailing:

Save-A-\$ 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 Aloha Petroleum, Ltd dba Save-A-Club of Hawaii invoices will no longer be mailed through the USPS.

Aloha Petroleum, Ltd dba Save-A-\$ Club of Hawaii Account Holder Name: _____ *(please print)*

Aloha Petroleum, Ltd dba Save-A-\$ Club of Hawaii Account Holder Signature: _____ DATE _____

Aloha Petroleum, Ltd dba Save-A-\$ Club of Hawaii will not rent, sell, or share your information.



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NOTE: Cards will have three lines of information. The first line will be Division Name. The second line will be the card description requested. Specify if License No. column only or with Make or Model (Maximum characters per line including spaces is 17).
The third line will read Fuel Only.

Card Sample: (Maximum characters per line including spaces 17)

AIRPORT DIVISION
VECH ABC LIC 1234
FUEL ONLY

CARD DESCRIPTION FOR ACCOUNT # _____

Line 1: Division Name _____

Line 2: Vehicle License _____

Line 3: Fuel Only

Line 2 Vehicle License Information (List if more than 1 card)

Email request to customerservice@alohagas.com or Fax (808) 522-9707 Attn: Customer Service



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CARD REORDER FORM

ACCOUNT NUMBER _____
DIVISION NAME _____

NAME OF REQUESTING INDIVIDUAL _____

CHECK ACTION NEEDED BELOW:

- Cancel Card
Cancel Card and Order New Card Number
Replace Existing Card# (Not working/worn)
Request Pin Letter Resent

Grid for selecting action needed

Reason to Cancel:
(circle one)

- Lost Former
Stolen Employee
Not Needed

Table with 3 columns: Existing Card Number, Existing Description Vehicle License, New Description if Needed

NOTE: Cards will have three lines of information. The first line will be Division Name. The second line will be the card description requested. The third line will read Fuel Only.

Card Sample: (Maximum characters per line including spaces 17)

AIRPORT DIVISION
VECH ABC LIC 1234
FUEL ONLY

CARD DESCRIPTION FOR ACCOUNT # _____

Line 1: Agency Name _____

Line 2: Vehicle License _____

Line 3: Fuel Only