



Hawaii Petroleum LLC
HFN - Hawaii Fueling Network
385 Hukilike Street Ste 101, Kahului, HI 96732
16 Railroad Ave, Hilo, HI 96720

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. Failure to complete all information requested may delay the distribution of new credit cards.

Please submit application forms to HFN by email: hfn@hawaiipetroleum.com or mail to 385 Hukilike Street, Ste 101, Kahului HI 96732 for Maui or 16 Railroad Ave, Hilo HI 96720 for Big Island.

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 that are not currently receiving the State Procurement Office Price List contract pricing, please complete the following application and email to hfn@hawaiipetroleum.com with your current HFN account number in the subject line of your email.

Any questions, please contact our office at 808-270-2802 (Maui) or 808-935-6641 (Big Island).

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:

HAWAII PETROLEUM LLC
 385 HUKILIKE STREET 101, KAHULUI, HI 96732

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.	License No. 7 digits (Alpha-Numeric)	VEHICLE DESCRIPTION				REG 87 GAS (CIRCLE) (REPLY)	PREM 92* GAS (CIRCLE) (REPLY)	HIGHWAY DIESEL (CIRCLE) (REPLY)	DRIVER IDENTIFICATION		
		MAKE 3 digits (Alpha only)	MODEL 4 digits (Alpha only)	YEAR 2 digits (Numeric)	Starting Odometer Reading** (please complete)				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 _____

Hawaii Petroleum LLC will not rent, sell, or share your information.