



PAPERLESS INVOICES & DIRECT PAY

Hawaii Fueling Network (HFN) and Hawaii Petroleum Inc (HPI) are going paperless. We are now providing customers the option to receive invoices electronically via e-mail. Help protect the environment and conserve resources. All you need to do is complete the information below and return with your next payment, or in person in Hilo or Kona (for the Big Island) or in Kahului (for Maui), or by email to GoGreen@hawaiipetroleum.com.

We are also offering a DIRECT PAY option where we will draft your account on the 25th of every month. Eliminate postage, late fees and the hassle of writing checks. Please fill out the form on the reverse side of this page.

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

HFN Account# _____ Lubricant/Bulk Fuel Account# _____

Phone# _____

Email address(es) _____@_____
_____@_____
_____@_____

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

Name of authorized person: _____(please print) Signature of authorized person: _____
Date _____

Hawaii Petroleum Inc will not rent, sell, or share your information. You may request invoices be sent to more than one email address.

HPI / HFN

Maui: 385 Hukilike Street, #101 | Kahului, Hawaii 96732 | t: 808.270.2800 | f: 808.270.2801

Hilo: 16 Railroad Avenue, #202 | Hilo, Hawaii 96720 | t: 808.935.6641 | f: 808.934.7197

Kona: 74-5558 B Kaiwi Street | Kailua-Kona, Hawaii 96740 | t: 808.329.1862 | f: 808.326.2755

e-mail: sales@hawaiipetroleum.com | www.hawaiipetroleum.com | www.ohanafuels.com | www.ministop.com



AUTOMATIC PAYMENT AUTHORIZATION (DIRECT PAY)

1. I (we) hereby (hereinafter referred to as "Customer") authorize Hawaii Petroleum, Inc. (Federal Tax ID# 99-0287144) hereinafter referred to as "HPI" to initiate debit entries to our checking or savings account indicated below at the depository named below, hereafter referred to as "DEPOSITORY", for purchases of HPI products.

DEPOSITORY(BANK) Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Checking / Savings (circle one)

Depository Routing Number: _____

PLEASE ATTACH A VOIDED CHECK WITH THIS FORM

2. This authorization is to remain in full force and effect until HPI has received written notification from me (us) at HPI's below stated address of its termination in such time and in such manner as to afford HPI and DEPOSITORY a reasonable opportunity to act on it.

3. Customer agrees to:

- a. Maintain an adequate balance in their account to sufficiently cover the amount(s) that will be debited by HPI on the respective payment dates,
- b. Maintain their HPI account balance within the stated credit limit, including amounts that have been delivered and remain unbilled;
- c. Raise any disputes, discrepancies, or claims on the invoice amount(s) no later than 10 days prior to the due date set forth on the invoice. If no claims are raised, the invoiced amount(s) will be debited from Customer's account 5 days prior to the due date on the invoice.

4. Customer understands that HPI may:

- a. Require an immediate payment via wire transfer for any debit entry returned due to insufficient funds;
- b. Charge a service fee of \$35.00 per occurrence for any debit entry returned due to insufficient funds;
- c. Invoke a temporary stoppage of further credit sales upon any of the following events:
 - i. Over credit limit
 - ii. Returned debit entry due to insufficient funds

Any and all disputes, discrepancies, notices and questions regarding invoice(s) and invoice content should be directed to your local office listed below.

The above are presented for your benefit and require your full understanding and concurrence. Please sign, date, and return to our office.

Customer hereby acknowledges and accepts the foregoing:

Contact Person: _____ Phone Number: () _____

HPI / HFN Account Name _____ HPI / HFN Account # _____

By (signature): _____ Date: _____

Its (title) _____

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