



HAWAII PETROLEUM / HFN AUTOMATIC PAYMENT AUTHORIZATION (DIRECT PAY)

1. I (we) hereby (hereinafter referred to as "Customer") authorize Hawaii Petroleum, LLC. (Federal Tax ID# 99-0287144) hereinafter referred to as "Company" 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 Company 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 Company has received written notification from me (us) at Company's below stated address of its termination in such time and in such manner as to afford the Company 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 Company on the respective payment dates,
- b. Maintain their Company 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 Company 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: () _____

HFN Account Name _____ HFN Account # _____

By (Signature): _____ Date: _____

Its (Title): _____

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 | www.hawaiipetroleum.com | www.ohanafuels.com | www.minitstop.com