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# New Account Application

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## For Personal Accounts

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Big Island Energy Company, LLC.  
Last updated: March 2, 2018

Included in this application packet are three forms:

1. Personal Account Credit Application
2. Card Request Form
  - a. Please complete the form for the amount of cards you would like.
  - b. If you require more cards than the form allows, please contact us.
3. Direct Payment Authorization Form (ACH)
  - a. *(Optional)*
    - i. If you do not want to enroll in the Direct Payment Plan, simply sign at the bottom and leave all the other fields blank.
  - b. You can omit the "Account Name" and "Account Number" fields – these will be assigned after the credit application is approved.

**Big Island Energy Company, LLC. Personal Account Application**

50 Kukila St. Hilo, HI 96720 (808) 969-1411 Fax: (808) 935-8329

[www.bigislandenergy.com](http://www.bigislandenergy.com) Follow us on social media:    



Name \_\_\_\_\_ Co-Applicant Name (optional) \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (@) \_\_\_\_\_ [ ] Sign up for paperless statements

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Years / months employed \_\_\_\_\_  
(if self-employed, please state nature of business)

Estimated Monthly Purchases (dollar amount) \_\_\_\_\_

**Credit references**

Company \_\_\_\_\_ Address \_\_\_\_\_ Ph# \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_ Ph# \_\_\_\_\_

**Banking Information**

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of account: [ ] Checking [ ] Savings [ ] Brokerage

**Release of Information**

I hereby authorize the above-named credit references, banks, credit unions, and/or brokerage firms to release any and all information requested by Big Island Energy Company, LLC. relating to any accounts or business dealings I have with the above-referenced institutions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Office Use

Credit line required \_\_\_\_\_ Approved By \_\_\_\_\_ Date \_\_\_\_\_

**BIG ISLAND ENERGY COMPANY, LLC. CREDIT SALE CONTRACT  
(PERSONAL)**

This Credit Sale Contract is entered into by Big Island Energy Company, LLC., whose mailing address is 50 Kukila St. Hilo, Hawaii hereinafter referred to as "BIEC" and the person signing this Agreement below who is hereinafter referred to as "Customer." This Contract defines the terms for the use of the BIEC Motor Fueling System ("MFS") and payment for fuel purchased through the MFS and the purchase of bulk fuels and lubricants. As used in this Contract, Customer may also be referred to as "I", "you," "me," "Buyer," "we" and "your."

1. **Credit Approval** I (we) consent to and authorize BIEC to obtain and use a consumer credit report relating to me and obtain such reports from time to time as may be required by BIEC in my ongoing credit evaluation by BIEC. BIEC reserves the right to refuse the extension of credit to any customer, unless prohibited by law. The receipt of this Credit Sale Contract signed by you and delivered to BIEC shall not be deemed an approval of the credit requested until and unless it is approved by BIEC. BIEC reserves the right to refuse the extension of credit to any Customer, unless prohibited by law.

2. **Payments** BIEC will send a monthly statement ("Statement") for the purchase of all products. Customer shall pay the total amount shown on the Statement within THIRTY (30) days of the date of the Statement. If any payment is made on the account by check, money order, or other item that is returned unpaid after being sent for collection, a returned a check charge of \$30.00 (plus tax) will be assessed to the account.

**IF FULL PAYMENT IS NOT MADE BY THE 30TH DAY, YOU AGREE TO PAY A FINANCE CHARGE AT THE RATE OF ONE PERCENT (1%) PER MONTH. THE ANNUAL PERCENTAGE RATE OF THE FINANCE CHARGE IS TWELVE PERCENT (12%) PER ANNUM COMMENCING ON THE 30TH DAY AFTER THE APPLICABLE STATEMENT DATE.**

3. **Cancellation** BIEC reserves the right to terminate and cancel any accounts that are not paid when due as set forth herein. BIEC further reserves the right to cancel this Contract at any time, for any reason including, but not limited to, violations of the BIEC Fueling System Agreement.

4. **Cost of Collection**. If any sums due to BIEC shall not be paid in the accordance with the terms hereof and the account is placed into the hands of an attorney or collection agency for collection, or if suit is brought hereunder, Customer further promises and agrees to pay, in either case, all costs and fees of prejudgment and post judgment collection efforts by an attorney or collection agency to collect all sums hereunder to the maximum amount allowed by law.

5. **Pin Numbers Lost or Stolen Cards**. I agree to keep my personal identification number(s) (PIN) separate from any cards issued to me, so that if a card is lost or stolen, the PIN will not be available for an unauthorized user. I agree not to write my PIN number(s) on my card. In the event the card is lost or stolen I will notify BIEC immediately at (808) 969-1411 or in person. Notice of a lost or stolen card must be given to a person at BIEC. Leaving a message on an answering device is not notice.

6. **Liability for Payment**. I agree to pay all charges made by me or by any person on any account opened for me by BIEC including those charges that were unauthorized even if my card has been lost or stolen, unless prohibited by law, until I notify BIEC by actually talking to a person at BIEC (or by written notice the receipt of which has been acknowledged by BIEC) of the cards theft or loss **and** the cards or PIN number(s) have been canceled by BIEC.

7. **Liability for Damages**. You will be responsible and liable for all costs, expenses, claims, personal injuries, and damages to the fueling facility and to other customers caused by you or by any person who possesses your card and uses the fueling facility.

**NOTICE TO THE BUYER**

**DO NOT SIGN THIS CONTRACT BEFORE YOU READ IT. WHEN YOU SIGN THIS CONTRACT, YOU ARE ENTITLED TO A COPY OF IT, THAT IS FILLED IN, IN EVERY NECESSARY RESPECT. YOU SHOULD KEEP IT. THIS CONTRACT IS COVERED BY HAWAII'S CREDIT SALE LAW, AND YOU THE RIGHTS OF A BUYER UNDER THAT LAW. YOU ALSO MAY HAVE RIGHTS UNDER OTHER STATE AND FEDERAL LAWS.**

**CREDIT SALE CONTRACT**

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Social Security Number (last 4 digits)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature


\_\_\_\_\_  
Social Security Number (last 4 digits)

\_\_\_\_\_  
Date

*If Customer will be using the BIEC Fueling System card for business, commercial, or agriculture purposes or the Customer is a corporation, limited liability company, limited partnership, general partnership, or limited liability partnership then Hawaii's Credit Sales Law will not apply to this Contract.*

**Big Island Energy Company, LLC.**  
**Personal Account Card Request Form**

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Please fill out the below form for each fuel card requested.

Choose any or all of the three available fuel types: Gasoline, Highway Diesel, Dyed Off-road Diesel

An optional Odometer Prompt is also available for your convenience.

**Fuel Cards Information**

| # | Card Label / Description | Gasoline | Highway Diesel | Dyed Off-road Diesel | Odometer Prompt | Other Information |
|---|--------------------------|----------|----------------|----------------------|-----------------|-------------------|
| 1 |                          |          |                |                      |                 |                   |
| 2 |                          |          |                |                      |                 |                   |
| 3 |                          |          |                |                      |                 |                   |
| 4 |                          |          |                |                      |                 |                   |
| 5 |                          |          |                |                      |                 |                   |
| 6 |                          |          |                |                      |                 |                   |
| 7 |                          |          |                |                      |                 |                   |
| 8 |                          |          |                |                      |                 |                   |

**Authorized Person on Account**

The person who signs below will be authorized to make changes to cards / pins on the account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address



**BIG ISLAND ENERGY CO, LLC.**  
**DIRECT PAYMENT PLAN**  
Call Us! 808.969.1411

Our **Direct Payment Plan** allows you to have your payment deducted automatically from your checking account.

**The Direct Payment Plan will help you in several ways:**

- o It saves time--fewer checks to write.
- o Helps meet your commitment in a convenient and timely manner—even if you're on vacation or out of town.
- o No lost or misplaced statements, your payment is always on time—it helps maintain your good credit standing.
- o It saves postage.
- o Timely payments avoid finance charges.
- o Timely payments avoid credit holds.

**Here is how the Direct Payment Plan Works**

Your monthly statements balance due will be withdrawn from your checking account on the day you choose; either the 10th or 15th of the following month. For example, your January statement balance due will be withdrawn from your account in February, either the 10th or 15th, depending upon your personal choice .

**IMPORTANT INFORMATION**

**ENROLLMENT:** Complete and return the AUTHORIZATION FORM below. Please attach a voided check to verify your bank routing/transit and account number. If the form is received by the 25th of the month, your payment will be deducted on the 10th, or 15th (your personal choice) of the following month.

**PAYMENT WITHDRAWALS:** Your monthly statement's balance due will be withdrawn on the day you choose: either the 10th, or 15th of the month. In any payment month, if your payment day falls on a weekend or holiday, the payment will be withdrawn on the next business day.

**ACCOUNT CHANGES:** If you change your bank or bank account, you must submit a new, complete AUTHORIZATION FORM. These or any other changes or cancellations require written notification by the 25th of the month for an effective date of the following month.

**STOP PAYMENTS:** Stop payment requests should be arranged through your bank.

**REJECTED PAYMENTS:** A charge of \$30.00 will be assessed for each rejected payment. Any unresolved rejected payment may result in immediate credit hold.

**AUTHORIZATION FORM**

I authorize BIG ISLAND ENERGY CO. LLC to initiate electronic debit entries to my checking account for payment of my BIG ISLAND ENERGY COMPANY CO. LLC account.

My Big Island Energy Co. LLC account name is: \_\_\_\_\_

My Big Island Energy Co. LLC account number is: \_\_\_\_\_

My phone number is: \_\_\_\_\_

My email address for invoicing: \_\_\_\_\_

I prefer the following day for my monthly payment:  
(choose one; see above information)

☐ 10th

☐ 15th

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Name: \_\_\_\_\_

Financial Institution City and State: \_\_\_\_\_

Financial Institution Routing/Transit Number: \_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_

Name as it appears on Bank Account: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE STAPLE A VOIDED CHECK TO THIS FORM - PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS**