



---

# New Account Application

---

## For Personal Accounts

---

Big Island Energy Company, LLC.  
Last updated: September 10, 2024

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 Credit 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) \_\_\_\_\_

Referred by: \_\_\_\_\_

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

Email Address (@) \_\_\_\_\_ Sign up for Paperless:  Statements  Receipts

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**

*For example: Car Loans, Mortgages, etc.*

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

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

**Banking Information**

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

Branch \_\_\_\_\_

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 \_\_\_\_\_



Office Use

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



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

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:    



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.

The purchase of Dyed Off-road Diesel requires an M-38 form – you can find it online at the [State of Hawaii Tax Forms](#)

Pins can be shared across all cards on the account

Card Label / Description will show up on the monthly statement

**Fuel Cards Information**

#	Card Label / Description <i>(eg: Vehicle, License Plate, etc.)</i>	Requested Pin	Gasoline	Highway Diesel	Dyed Off-road Diesel	DEF Diesel Exhaust Fluid*	Odometer Prompt	Other Information
1								
2								
3								
4								
5								
6								
7								
8								

\*The purchase of DEF at the pumps is only available at our Kona and Kawaihae Fueling Facilities.

**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

\_\_\_\_\_  
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: \_\_\_\_\_

use email address from credit application

I prefer the following day for my monthly payment:  10th  15th  
(choose one; see above information)

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 PROVIDE A VOIDED CHECK OR ACCOUNT CONFIRMATION LETTER FROM YOUR BANK ALONG WITH THIS FORM. PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS**