



3011 Aukele Street Lihue HI 96766
Phone: 808-245-1911 Fax: 808-246-1054
accounting@senterkauai.com

CREDIT APPLICATION

NOTE: A copy of your G.E.T. license must be submitted with this application.

Date:

Company:

Street Address:

City:

Zip Code:

Billing Address:

City:

Zip Code:

Email Address:

Business Phone:

FAX:

Type of Business:

Years in Business:

Excise Tax License #:

Person Responsible:

Phone:

Bank References:

Bank Name:

Bank Contact:

Account Number:

Account Type:

Bank Phone:

Reference 1 - Name:

Contact:

Mailing Address:

Phone:

Monthly Purchases: \$

For:

Reference 2 - Name:

Contact:

Mailing Address:

Phone:

Monthly Purchases: \$

For:

Reference 3 - Name:

Contact:

Mailing Address:

Phone:

Monthly Purchases: \$

For:

I attest that the above is correct to the best of my knowledge

Signature:

Date:



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CREDIT AGREEMENT

1. PAYMENT TERMS:

If credit is granted KAFN will send your itemized invoice and a statement at the end of the month. KAFN will add a late charge of 1.5% for all accounts not paid within 30 days. This charge will be added again for each succeeding 30-day period that the invoice remains unpaid. If payment is made by check that is returned unpaid, the above late charge will be applied as if no check was received in addition to charges by bank for returned check.

If we are unable to grant credit other arrangements will be made.

PLEASE NOTE: ACCOUNTS NOT PAID WITHIN 30 DAYS WILL BE AUTOMATICALLY PLACED ON INACTIVE, WHICH WILL NOT ALLOW FUELING UNTIL ACCOUNT IS PAID

Delinquent accounts are referred to an attorney or other agent for collection, the customer and the guarantors below agree to pay all such costs of collection.

2. CREDIT SECURITY (Please complete the following):

Account Number:

Name:
(as shown on credit card)

Expiration Date:

Card Number:

Card Type: Visa
 MasterCard

KAFN is hereby authorized to charge any unpaid amounts due to the above credit card account.
A 2.5% service charge will be added to any amounts paid with Visa/MasterCard.

Authorized Signature:

3. PERSONAL GUARANTEE (Required)

Name of Guarantor:

Social Security No.:

Phone:

Address:

Signature:

Date:

Name of Guarantor:

Social Security No.:

Phone:

Address:

Signature:

Date:

SAFETY INSTRUCTIONS

Operating and Safety Instructions For Members

THE FOLLOWING IS ABSOLUTELY FORBIDDEN AT ALL KAFN SITES:

NO SMOKING, NO OPEN FLAMES, NO SPARKS, NO RUNNING MOTORS, AND NO FUELING INTO GLASS OR OPEN CONTAINERS.

NO ONE UNDER THE AGE OF 18, OR ANYONE WHO HAS NOT RECEIVED TRAINING IN THE OPERATION OF KAFN EQUIPMENT CAN BE ALLOWED TO Operate FROM KAFN Equipment

- A. Only authorized cards may be used to access the system. "K" cards or other fueling cards that have been approved by KAFN must be inserted at the console to activate the pumps. Vehicle must be parked with the ENGINE OFF. NO SMOKING OR USE OF ELECTRONIC DEVICES.
- B. Park vehicle next to pump you are going to use and within easy reach of the fueling hose. Remove the hose from the pump and insert into vehicle before going to the console to insert your card. This prevents someone else from picking up the nozzle after it has been authorized by your card. Have your card and any information needed such as mileage and vehicle number ready.
- C. FOLLOW THE INSTRUCTIONS ON THE SCREEN. Insert card and enter your PIN number. When requested enter pump number. If transaction is declined you have entered a pump number for a product that is not authorized or selected a pump that is not available you will get a message "TRANSACTION DECLINED" If you have a requirement for mileage or miscellaneous information you will be asked to enter this information. If you get a message "TRANSACTION DECLINED - Invalid Employee" you have entered an incorrect I.D. number. Start over and make sure that only one star * appears with each number you enter. If you need to backspace, use the backspace on the keyboard and enter the correct number. If a button is held down too long the number will repeat. When the unit is contacting our office, it will have a message at the bottom of the screen saying "Processing Transaction, Please Wait" or "Connecting - awaiting response" When the transaction has been approved it will say "Transaction Approved - Fuel User" and the main screen will show Pump Ready. Please be patient while these communications are underway, and do not interrupt.
- D. YOU MUST STAY WITH THE FUELING NOZZLE WHILE FUELING. Locks are not provided and the handle must be held while fueling. Do not place anything in the nozzle to keep it open. YOU RE RESPONSIBLE FOR ANY SPILLS OCCURRING WHILE FUELING YOUR VEHICLE, IMMEDIATELY NOTIFY OUR OFFICE OF ANY SPILLS THAT YOU CAUSE OR OBSERVE. Do not allow anyone else to operate the nozzle - you are responsible for any incidents that occur. Do not "top off" your tank, allowing fuel to spill on the ground. KAFN locations are monitored by video cameras, and these records are retained on our office for 90 days.
- E. When fueling is complete, immediately return handle to the OFF position and hang up the nozzle on the pump. Make sure your gas cap is on. If you wish to obtain a receipt, insert your card at the console and the screen will ask if you want a receipt or if you want to start another transaction. Press the appropriate square white button at the left. Your receipt will be issued after you complete all transactions. If a receipt is desired press the appropriate button and the receipt will print. Pull straight down sharply to cut the paper. If you do not get a receipt, please advise our office. Page 3 of 5
- F. If you have a SPILL or observe that a spill has occurred, please report it immediately to our office or one of the emergency numbers listed. If we are able to get the spill cleaned up quickly, there will be minimum costs. However, if emergency response is required it could be costly. Call us first before it becomes a big problem. If you observe someone else causing a spill, please call and we will your're your identity confidential.
- G. Fire is the most serious safety issue at any fueling facility. Gasoline vapors are very dangerous, and can be set off by an invisible spark. Fuel vapors are heavier than air, and tend to collect in low places. Even if you don't smell them, they are there. You must take great care not to have any sources of ignition around when fueling. Be particularly aware of other people fueling at the same time, since they may be violating fire safety rules that could affect you. In the event of a fire, locate the nearest EMERGENCY SHUTOFF switch and hit it to cut the fuel flow. Then use the fire extinguisher at the base of the fire first. Do not use water. Do not attempt to fight a serious fire. The emergency valves in the KAFN system will seal off the tanks automatically. Evacuate the area and Call 911 and KAFN immediately.

H. When using high-speed pumps for diesel or gasoline, make sure your tank can receive fuel at the rate you are pumping. Make sure all tank vents are clear. Although these large nozzles do have an automatic shutoff device, the speed with which a small tank can fill may allow a substantial spill even after shutoff. You must stay with the nozzle and be able to monitor the fill rate. Make sure the hose is retracted and the nozzle properly replaced after use.

I. Motor fuels are Hazardous Materials, as defined by the Environmental Protection Agency. Prolonged skin contact or breathing of fumes is to be avoided. Fuel upwind of your vehicle's tank whenever possible. If you spill fuel on yourself flush immediately with water or a skin rash may develop. A Material Safety Data Sheet for each fuel product available at KAFN sites is available from the KAFN office.

J. The person signing below is responsible for ensuring any additional card users are fully trained on the proper use of equipment and emergency procedures and acknowledge receipt of a copy of these instructions. Additional card users must come to the KAFN office to read and sign these instructions personally. Hands-on training is also available at our main office in Lihue.

MEMBER ACKNOWLEDGEMENT OF TRAINING FOR USE OF KAFN FACILITIES

The undersigned acknowledges having read the following instructions and has received training in both operation and safety of equipment and understands the operation of Kauai Automated Fuels Network equipment at all locations. Customer agrees to ensure that all card users authorized by Customer to utilize KAFN facilities receive training on the use of the equipment and acknowledge same.

Account Name:

Account Number:

Print Member Name:

Signature:

Date:



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CARD INFORMATION

Account Number:

Account Name:

1. When submitting your application the first time, indicate under card ID how you want the card identified. You can use any 8-character identifier such as vehicle license plate or persons name card is issued to. This will be how the card is identified on your monthly invoice. (XXX-XXXXX)
2. Under fuel specify if the card is to be authorized for All Fuels (i.e. both gasoline and diesel fuel) All Gas (i.e. both supreme and unleaded) or for a specific fuel (i.e. UNLeaded, SUPreme, On-road Diesel LSD, Off-Road Diesel HSD).
3. You may choose your own 4 digit Personal Identification # (PIN) or one will be assigned to you.
4. You may request a miscellaneous entry to enter up to 8 digits of numerical identification.
5. If using the mileage option, (where mileage is entered each time a card is used) enter starting mileage.
6. KAFN will issue card numbers
7. Specify who the card is issued to by name (this will be the person responsible for the use of the card), and they must initial next to their name acknowledging receipt of training. Any one else using card must be trained on the Operation and safety instructions.

Card ID	Fuel	Pin #	Misc. Y/N	Current Odometer	Card#	Name of person card issued to (print name)	Received Training
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A copy of this form must be sent to KAFN whenever any new cards are issued or deleted. All persons receiving cards for the first time must acknowledge receipt of training by initialing next to their name above.

Print name of person authorizing card changes:

Signature:

Date:



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MEMBER USE AGREEMENT

This AGREEMENT authorizes access to any Kauai Automated Fuels Network, Inc. ("KAFN") facility upon the issuance of encoded access cards, and establishes the responsibilities of the Member for operation of automated fuel systems. It is also a credit agreement. All parts of the Credit Application must be completed and returned prior to cards being issued. Only the person named on the Credit Application as the responsible party for issuance of cards will be authorized to request new or delete old cards.

1. Signing of this AGREEMENT by both parties, authorization of credit by KAFN, and the payment of a setup fee of \$3.00 per card shall entitle the Member's authorized personnel access to all KAFN fueling facilities, subject to any terms and restrictions placed on each card. The Card Information form, which is a part of this application, must list all individuals who receive cards currently authorized under this account.
2. Member understands that KAFN facilities are private commercial facilities that are not open to the general public. By acceptance of the cards requested, Member agrees that all terms of this AGREEMENT will be strictly honored, and that all current or future operating instructions issued by KAFN will be followed by any persons authorized by Member to use an issued card. Member and Guarantor hereby indemnify KAFN and hold KAFN harmless from and against all claims, damage, injury, liability or expense of any nature (including costs of legal defense), which may arise as a result of Member's use of card to dispense fuel. Member accepts sole responsibility for card use and security of assigned cards and will not permit KAFN access by unauthorized persons. Member will immediately notify KAFN of any missing cards, so that they can be deactivated. Replacement cards will be issued at a cost of \$3.00 each.
3. Member acknowledges receipt of a complete set of operating instructions and emergency procedures and understands these procedures for the safe operation of KAFN equipment. Member and authorized users accept full responsibility to read all instructions placed on or near the fueling equipment, and agree to follow them. Member will ensure that no smoking or other unsafe activities are allowed while utilizing KAFN facilities.
4. Member assumes responsibility for control of card access, and agrees to allow use only by persons properly instructed and qualified in accordance with the terms of this AGREEMENT. Any person allowed card access by Member will have first been provided operating instructions and training directly by Member, and acknowledged by user on the Card Information form. Upon request, KAFN will provide training to new card users. A copy of the current Card Information form must be sent to KAFN. Member is solely responsible for maintaining the confidentiality of assigned security codes.
5. Member agrees to comply with the credit terms established by KAFN for it's account, and understands that the price of fuels and the discount schedule may vary without notice.
6. Member understands that KAFN may implement an allocation policy in the event of a supply shortage, as dictated by law or KAFN's judgment. Subject to the needs of emergency vehicles and other high-priority users, KAFN will attempt to allocate to all established accounts on a historical usage basis.
7. Member understands and agrees that any violation of the terms of this AGREEMENT may result in the immediate revocation of all cards issued to Member without notice. Member may terminate this agreement at any time by returning all cards to the KAFN office and paying in full any account balance due. KAFN shall also have the right to terminate this AGREEMENT and void all cards if it determines such action would be in the best interests of KAFN, its other members, and safety.

Account Name:

Account Number:

Address:

Telephone:

Printed Name & Title:

Authorized Signature

Date:

KAFN Approval Signature:

Date: