

# SPECIAL OFFER FOR THE MEMBERS, STAFF, RETIREES AND FAMILY OF UPW

# SAVE 4 CENTS PER GALLON



Join the UPW Gas Card Program by completing the application below.

## **NO REGISTRATION FEE!**

*Join now and we'll waive the one-time \$5 registration fee!*

## **UPW SCHOLARSHIP FUND!**

*PLUS...Aloha Petroleum will contribute an additional one cent per gallon purchased by members to the UPW Scholarship Fund.*

### CARD APPLICATION AND AGREEMENT

for 30-day charge account

Name (Last, Middle, First) \_\_\_\_\_

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

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

Phone number (home) \_\_\_\_\_ (work) \_\_\_\_\_

Name of Organization/Association \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Date of birth (M/D/Y) \_\_\_\_\_

own  rent  live with parents

Present Housing \_\_\_\_\_ Name and address of nearest relative NOT living with you \_\_\_\_\_

Your Employer \_\_\_\_\_ Years employed \_\_\_\_\_ Occupation \_\_\_\_\_

Bank/Credit Union Reference \_\_\_\_\_

Number of Vehicles in Household \_\_\_\_\_ Name on Card #1 \_\_\_\_\_ Name on Card #2 \_\_\_\_\_

I have answered the questions on this application fully and truthfully. All the information I have provided is correct and I authorize you to investigate my credit record and check statements I have made. By signing below, I consent to permit my bank or credit union to release information to you on my account(s). This application is your property and I understand you will retain it whether or not I receive the credit I have asked for.

*Credit Information.* I authorize you to investigate my credit record and I understand you may obtain a consumer report about me. Upon inquiry from me to you at your address listed below, you will inform me if a consumer report was requested by you or received by you. If such a report was requested or received, you will, in response to my inquiry, inform me of the name and address of the consumer reporting agency which furnished the report. I further understand that if I receive a Club Card, you may later request consumer reports on me in connection with use of my account. I authorize you to furnish information about my account to credit reporting agencies and others who may properly receive such information, including my name to my union in order for my union to verify that I am a member in good standing.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

### PLEASE NOTE THE FEES AND PAYMENT REQUIREMENTS:

All charges made on this charge card are due and payable when you receive your statement.

Information about the cost of the *Affinity Card* in this application is accurate as of March 2008. This information may change after that date. To find out what may have changed, write us at SAVE-A-\$ CLUB@ P.O. Box 500, Honolulu, Hawaii 96809-0500. Send no payment with application. A charge of one dollar (\$1.00) per card will be billed to your account when more than two (2) cards are requested.

**Please mail completed application to: Aloha Petroleum, Ltd.,  
P.O. Box 500, Honolulu, HI 96809**

Annual Fees	Transaction Fee for Purchase	Fees for Paying Late
Annual Fee: None Membership Fee: \$5 one-time only	None	Late Payment Fee: 1½% per month on Average Daily Balance for prior Billing Period

For additional information and on-line application visit us on our website at <http://www.alohagas.com/OLCNA.asp?a=15>

Or please call Paul Brencick, Affinity Program Manager, Aloha Petroleum Ltd. at 522-9700 x742

Or via email at [pbrencick@alohagas.com](mailto:pbrencick@alohagas.com)

*"It's not just our name, it's our spirit"*

