



GET \$20 IN FREE GAS!!

Plus save 5 CENTS PER GALLON an exclusive offer for Hawaii Nurses Association members, employees, family and friends...

Join the Hawaii Nurses Association Affinity Gas Discount Program by completing this application by September 15, 2009 to get a \$20 credit* for Aloha's Top Tier quality fuel.

* \$20 credit valid for new/approved applicants and appears on first billing statement.

NO REGISTRATION FEE!

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

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

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

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 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.

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 July 2009. 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

For additional information and on-line application visit us on our website at <http://www.alohagas.com/OLCNA.asp?a=19>

Or please call Paul Brencick, Affinity Program Manager, Aloha Petroleum Ltd. at 522-9742.

Or via email at pbrencick@alohagas.com

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



Special offer for members, employees, family & friends of Hawaii Nurses Association