

BUDGET PAY PROGRAM AGREEMENT

BETWEEN _____ AND _____

I hereby accept the terms of this BUDGET PAY PROGRAM AGREEMENT for propane deliveries and tank rent (if applicable, hereinafter called purchases, and agree to make payments of \$ _____ per month for _____ months, with the payment due on _____ and each subsequent monthly payment due the _____ of each month ending in March _____ April _____ will be used to reconcile or adjust my account.

If purchases for the program year ending April 30, _____, exceed the total amount of my payments, I agree to remit the balance due on my account no later than _____; and if my payment total exceeds my purchase of the program year, you will notify me of the amount of credit remaining on my account. It is my option to have any credit remaining on my account refunded to me if I so desire to left on my account and applied to future purchases.

If I default on my monthly payments per the ters stated above, I agree that any balance due on my account shall become due and payable at once and this BUDGET PAY PROPGRAM AGREEMENT is terminated.

It is further agreed that either party may terminate this agreement at any time by notifying the other party in writing, in which cas I will immediately pay the amount, if any, by which my purchases exceed my payments or receive a refund if payments exceed purchases. Purchases made thereafter will be paid for in accordance with your normal terms of sale.

The Customer Service Center reserves the right to adjust my monthly payment up or down if my propane related purchases are substantially greater or less than the estimated amount used to calculate my monthly payment.

This agreement will remain in force and renew each year on the start date for the next budget pay program year, May 1, _____. No action on my part is necessary to renew this agreement. The Customer Service Center will notify me in writing if the terms of this agreement change for the new budget pay program year. If I do not wish to renew this agreement, I will advise you in writing on or before the end of the program year, April 30, _____. This automatic renewal provision will continue for future years in the same manner.

Customer Name _____

Customer Address _____ Telephone () _____

City _____ State _____ Zip _____

Customer Signature _____ Date _____

OFFICE USE ONLY

Customer Service Center Representative _____ Date _____

Authorized Customer Service Center Signature _____

Customer Account Number _____