



BUDGET PAYMENT PLAN

TERMS OF AGREEMENT

www.patriot-gas.com

(830) 772-3460

The Budget Payment Plan is designed to make your monthly gas bill exactly the same each month for 12 months. The Budget Payment Plan will compute an average bill using the most recent 12 months, plus a percentage to cover changes in usage and fuel costs. The plan will neither increase nor decrease any customer's total gas bill over the course of time from the amount the total bill would be without the Budget Payment Plan. The difference between the actual gas bill and the Budget Payment Plan average bill will be accumulated in the balance.

At the end of one year, a new average monthly bill will be calculated utilizing the Budget Payment Plan balance. If at this time the customer owes Patriot Gas, we will include 1/12th of the Budget Payment plan balance in the average monthly bill for the coming year. If Patriot Gas owes the customer, we will apply this amount to your next months bill, thereby reducing the bill amount.

The Budget Payment Plan is available to all Patriot Gas customers, beginning April 1st of each year, Applications for this service must be received in our office no later than March 10th to insure processing. The customer must agree to a one year full-service agreement with Patriot Gas, commencing on April 1st. Participation in the plan will automatically renewed annually.

Customers who desire to discontinue participation in the plan revert to regular billing much do so before March 10th of each year, to be effective April 1st. Any accumulated credit or debit will be reflected in the next regular bill.

Patriot Gas will not charge or pay any interest on the accumulated Budget Payment Balance.

Customers with less than 12 months of consumption history or who are transferring from one address to another within the Patriot Gas service area will be subject to quarterly adjustments during the first 12 months to reflect billing deviations from Patriot Gas projections of customer usage.

BUDGET PAYMENT APPLICATION (PLEASE PRINT)

CUSTOMER NAME: _____
(LAST) (FIRST) (M.I.)

NAME OF SPOUSE OR CONTRACTIONALLY LIABLE: _____
(LAST) (FIRST) (M.I.)

SERVICE ADDRESS: _____

PHONE #'S: HOME: _____ MOBILE: _____ WORK: _____

SOCIAL SECURITY NUMBERS: CUSTOMER SSN: _____ SPOUSE /OTHER SSN: _____

I WISH TO PARTICIPATE IN THE BUDGET PAY PLAN AND ACCEPT THE TERMS STATED ABOVE.

CUSTOMER SIGNATURE: _____ SPOUSE OR CONTRACTIONALLY LIABLE SIGNATURE: _____

PLEASE RETURN THIS FORM TO:

PATRIOT GAS

P.O. BOX 606

LYTLE, TEXAS 78052