

FUEL PRICE PLAN AGREEMENT

Date of Price Quote: _____

Customer Name: _____

Account #: _____

CHECK BOXES BELOW TO DESIGNATE FUEL TYPE AND PLAN SELECTION

- FUEL OIL PREPAY FIXED *(Fuel Oil or Kerosene)* BUDGET CAPPED PRICE* *(Fuel Oil only)*
- KEROSENE PREPAY CAPPED* *(Fuel Oil only)* BUDGET MARKET PRICE *(Fuel Oil or Kerosene)*

_____ (QTY) Gallons at \$ _____ /gallon = \$ _____

_____ (QTY) Gallons X \$0.30 non-refundable Cap Fee = \$ _____ *Additional Cap Fee, Cap Plans Only

I have read and acknowledge that I understand and agree to the Fuel Price Plan Terms & Conditions as stated online.

Signature: _____ Date: _____

Please bill my Credit Card # _____ Exp. _____

Name On Card _____

Billing Address for Card _____

*We accept: Check, Mastercard, Visa, Discover, or cash payments ***We do not accept American Express****

Please send Payment and signed Fuel Price Plan Agreement to: C.E. Kiff Inc, PO Box 151, Delhi NY, 13753