ComFurT Gas Inc 719-395-8445 P.O. Box 2059 Buena Vista, Co 81211

Balance Budget Payment Plan

ComFurT Gas, Inc (ComFurT) has a plan to help our customers maintain a monthly budget.

Here is how Budget Billing works:

- 1. You may enter the plan in any month after one year of service. Your account balance should be zero or any amount due must be less than 30 days old.
- 2. We estimate your gas consumption (in gallons) between your start month and May. May is our normal starting month. Then each month you will be charged a calculated amount until next May.
- 3. Your monthly payment will then be recalculated in May.
- 4. Your estimated annual consumption for the next year is divided by 11 to arrive at your monthly Budget Billing Consumption Amount.
- 5. ComFurT then multiples the Budget Billing Consumption Amount by the estimated per gallon price of propane for the next year.
- 6. If applicable, sales taxes and a monthly amount for tank rental are added to come to the monthly Budget Billing Payment amount.
- 7. On the following 12th month statement, you will be charged the actual remaining balance on your account.
 - a. In some instances, the amount due in the 12th month may be larger than the normal monthly Budget Billing amount because of higher than estimated consumption and/or higher propane prices.
 - b. In other cases, the amount due may be less than the normal Budget Billing Amount or may even be a credit balance if your consumption was less than expected for the Budget Billing Year.
- 8. ComFurT may change the Budget Billing amount, as needed, to reflect changes in the price of propane or in your propane consumption.

Requirements:

- 1. To stay eligible for this plan you must pay your Budget Billing Amount (or the 12th months Actual Remaining Balance) by the 15th of the month.
- 2. Upon leaving the Budget Billing Plan, you will be responsible for paying the actual account balance by the 15th of the following month.

If you think this plan will work for you:

- 1. Call our office at 719-395-8445 to get a calculation of what your Budget Billing Amount would be and to ask any additional questions you might have, or
- 2. If you agree with the terms of our Budget Billing plan, please sign the authorization below and return the entire form to our office. Please make copy for your records.

I have read and understand the information provided above, and I/we authorized ComFurT Gas, Inc to set my/our account up on a Budget Billing Payment Plan and acknowledge this plan may be adjusted in the future as required.

Account Number:	Initial Monthly Payment:
Printed Name:	Date Proposal Sent:
Signature:	Date Signed: