

July 8, 2025

Dear Valued Customer,

We would like to take this time to thank you for your business. Without your loyalty we would not be able to provide competitive prices and hometown service. To our new customers, we welcome you to our company and we look forward to serving you in the future.

Included in this mailing are the explanations of our Pre-Buy Program, Price Protection Program and Budget Program. **Please take the time to read over the program options completely and carefully.** If you have any questions, please do not hesitate to contact us at 517-623-6087 or email us at tina@swanfuel.com. Online forms are available on our website at www.swanfuel.com/programs.

Your account must be current with no past due balance in order to sign up for any of these programs. **Program sign ups must be received by September 15, 2025.** The form for the program you are choosing must be completed and included with your payment. If you choose to pay with a Credit/Debit Card or ACH you will also need to fill out the correct authorization form.

Choosing a program **will not** change the delivery status of your account. Your account will continue to be on Keep Full or Will Call. If you wish to change the way you receive your deliveries then please contact the office to request the change. Will Call customers, please remember to check your tank regularly, and schedule your next delivery when the gauge reads 30% to avoid any additional fees.

Please retain the information for your selected program for future reference.

As always, the office staff are here to assist you. Again, we thank you for your business, and we look forward to servicing you this season!

Gordon Swan and
The Swan Fuel Service Family

2025-2026 Pre-Buy Program

The Pre-Buy Program allows you to purchase propane upfront, for a guaranteed price per gallon. This program is for delivered propane only. Cylinders, parts and service charges must be paid for separately at the time of service.

1. The Pre-Buy Program begins August 1, 2025 and expires May 25, 2026.
2. If you are paying for your propane with a credit or debit card the price is \$1.899. If you pay with cash or check then you receive a \$0.05 per gallon discount. Your price would then be \$1.849 per gallon.
3. If you own your tank there is a \$0.10 per gallon discount.
4. A minimum of 600 gallons must be purchased. There is no maximum number of gallons that can be purchased.
5. If you use all of your Pre-Buy gallons, additional gallons delivered will be at the current cash price.
6. Price Protection can be added to your Pre-Buy for an additional \$35 non-refundable fee. This guarantees that any propane delivered after your Pre-Buy gallons run out will cost no more than \$1.999 until May 25, 2026.
7. If there is credit left on your account after May 25, 2026, it can be applied toward buying propane at the current cash price, used for next year's Pre-Buy, or it can be received as a refund check for the amount left on your account. If you would like a refund check you will need to contact the office after Pre-Buy expires on May 25, 2026 to request that it be issued.

2025-2026 Pre-Buy Program

YOUR ACCOUNT MUST BE CURRENT WITH NO PAST DUE BALANCE IN ORDER TO BE PLACED ON THIS PROGRAM.

This form must be filled out, signed, sent in, with payment in full.

Name: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

Email Address: _____ Paperless statements? Yes or No (please circle)

<u>Number of Gallons</u>	<u>Price per Gallon</u>	<u>Sub-Total</u>	<u>Tax (4% or 6%)</u>	<u>Total Due</u>
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_____ X _____ = _____ + _____ =\$ _____

*For propane used for home heat the tax rate is 4%, for propane used for anything else the tax rate is 6% Do you want Price Protection for a \$35 non-refundable fee? Yes or No (circle)

New Total Due \$ _____ including \$35 fee.

If applicable, please use credit of \$ _____ on my account toward my Pre-Buy.

New Total Due \$ _____

Your signature indicates your understanding and acceptance of the program rules of the Pre-Buy Program.

Signature: _____ Date: _____

For Office Use Only

Received \$ _____ with credit card

Received \$ _____ with check # _____

Received \$ _____ with cash

Received by: _____ Date: _____

2025-2026 Price Protection Program

The Price Protection Program guarantees that your price per gallon will not exceed \$1.999 **beginning August 1, 2025 and ending May 25, 2026**. There is a \$35 non-refundable fee to sign up for the Price Protection Program.

1. **Price Protection Program pricing is valid for deliveries of 200 gallons or more only.**
2. If you own your own tank there is a \$0.10 per gallon discount.
3. If the current cash price when your propane is delivered is lower than the Price Protection, then you will receive the lower price.
4. **You must pay your bill in full within 10 days of delivery, or the price for your next delivery will be \$0.10 per gallon more.**
5. **If your bill is not paid within 30 days of delivery, you will be taken off of the Price Protection Program.**
6. If you are removed from the Price Protection Program, you will pay the current cash price for your future deliveries.

To sign up for the 2025-2026 Price Protection Program, complete this form, sign, and send it in with your \$35 non-refundable fee.

Your account must be current with no past due balance in order to be placed on this program.

Name: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

Email Address: _____ Paperless statements? Yes or No (please circle)

Your signature indicates your understanding and acceptance of the program rules of the Price Protection Program.

Signature: _____ Date: _____

For Office Use Only

Received \$ _____ with credit card

Received \$ _____ with check # _____

Received \$ _____ with cash Received by: _____ Date: _____

2025-2026 Budget Program

The Budget Program allows you to make monthly payments based on your estimated propane usage. The Budget Program price for the 2025-2026 heating season is \$2.049. If you own your tank you will receive a \$0.10 per gallon discount. There is a \$35 non-refundable fee to sign up for the Budget Program.

1. Your monthly budget payment is determined based on your estimated usage and divided into 12 monthly payments.
2. You must make all 12 payments starting in September and ending in August, at the amount given, unless other arrangements are made with the office.
3. If the current cash price is less than \$2.049, you will receive the lower price.
4. Budget payment amounts are re-evaluated in February to ensure that your account will be paid off by August. Your payment may increase or decrease based on your usage and the balance on your account. You will be contacted if there will be any changes to your monthly payment.
5. **Failure to make your payment each month will result in your account being taken off the Budget Program.** The balance on the account will then become due in full. Future deliveries will be at the current cash price and any applicable finance charges will be billed.
6. Current Budget Program customers must sign up and pay the \$35 non-refundable fee to re-enroll in the Budget Program for the 2025-2026 heating season. **Previous Budget Program customers are not automatically re-enrolled in the Budget Program** and will be removed from the Budget Program if a sign up form, and \$35 non-refundable fee are not received.
7. In August, any remaining balance not covered by your budget payments will become due in full. If there is a credit on the account or a \$0.00 balance a payment will not be due in August.
8. If you choose, automatic monthly Credit/Debit Card or ACH payments are available for your convenience. To take advantage of this option, please complete the enclosed Credit Card or ACH authorization form. Select the monthly option and indicate a date of your choosing and indicate your monthly budget payment amount that should be charged.
9. **Customers that are currently utilizing automatic monthly payments for their budget payments will have their monthly amount changed to their new budget amount automatically and do not need to complete a new Credit Card or ACH authorization form. If you wish for your automatic payments to stop, please contact the office.**
10. **Cash on Delivery (C.O.D.) and customers that are renting or purchasing their homes on land contract, are not eligible to be on the Budget Program.**

2025-2026 Budget Program

To sign up for the 2025-2026 Budget Program, complete this form, sign, and send it in with your \$35 non- refundable fee.

Your account must be current with no past due balance in order to be placed on this program.

Name: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

Email Address: _____ Paperless statements? Yes or No (please circle) Your

signature indicates your understanding and acceptance of the program rules of the Budget Program.

Signature: _____ Date: _____

For Office Use Only

Received \$ _____ with credit card

Received \$ _____ with check # _____

Received \$ _____ with cash

Received by: _____ Date: _____

Acct # _____

Credit/Debit Card Payment Authorization Form

To pay by credit/debit card, please complete this form and either send back or fax.

Name on Swan Fuel Service Account: _____

Credit/Debit Card Information

Please circle credit card type:

Visa

MasterCard

Discover

Credit card number: _____ Expiration Date: ____/____/____

Name exactly as it appears on the card: _____

Billing address for credit/debit card: _____

Billing zip code: _____ Phone Number: _____ Secondary phone number: _____

Please select preference below:

Monthly _____ Amount to be charged \$ _____ on the _____ day of the month.

(The card will run monthly, at the amount indicated above, until you contact us to stop the charges)

As needed _____ (You will need to call the office to have your card processed).

After every delivery or service _____ (Amount will vary based on total price of delivery or service provided)

One Time Charge _____ Amount to be charged \$ _____

Other (Please be specific) _____

I certify that I am the authorized hold errand signed of the credit/debit card referenced above. I authorize Swan Fuel Service, Inc. to charge my credit/debit card for payment for their products and/or services. If Swan Fuel Service, Inc. is unable to process my payment, I will be responsible for alternate payment arrangements and any resulting processing fees.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Cardholder Signature: _____ Date: _____

Please mail, fax, or email completed form to:

SWAN FUEL SERVICE, INC.

1615 East Mason Street, Dansville, Michigan 48819

Phone: 517-623-6087 Fax: 517-623-6079

Email: tina@swanfuel.com

Acct # _____

ACH Payment Authorization Form

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount and frequency as indicated below.

Bank Details

☐ Checking ☐ Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



Monthly _____ Amount to be charged \$ _____ on the _____ day of the month.
(The ACH will run monthly, at the amount indicated above, until you contact us to stop the charges)

As needed _____ (You will need to call the office to have your ACH processed).

After every delivery or service _____ (Amount will vary based on total price of delivery or service provided)

One Time Charge _____ Amount to be charged \$ _____

Other (Please be specific) _____

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Swan Fuel Service, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Swan Fuel Service Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

Please mail, fax, or email completed form to:

SWAN FUEL SERVICE, INC.

1615 East Mason Street, Dansville, Michigan 48819

Phone: 517-623-6087 Fax: 517-623-6079

Email: tina@swanfuel.com