



TO ENROLL PRINT THIS FORM and CALL or Email Form to:
STEVENS PROPANE, BUCKLEY, MI 269-4415 OR sandra@stevenspropane.com
STEVENS PROPANE, MAPLE CITY, MI 228-3005 OR : todd@stevenspropane.com
Customer Owned Tank Customers Save!!

Order Now and Save

Buy Now and Save \$\$\$

*****Summer Fill 2.09 discounts apply*****

Buy Now and Save \$\$\$

2021 CUSTOMER OWNED PRE-BUY SPECIAL Buy now at the reduced price of
\$1.79/gallon

Features: *Gallons delivered through April 30, 2022, are purchased now at a cost of **\$1.79/gallon**
 (THE ONLY ADDITIONAL CREDIT WOULD BE A .05 CENT SENIOR/OVER 60 DISCOUNT)

* Credit for unused gallons as of April 30, 2022 will remain on your account to be used for future purchases, or refunded!

*Enroll now through **July 31st, 2021** *Account must be current at time of purchase *200 gallon minimum

To Enroll: Contact the Location above that Services you!
PRE-BUY Purchase Agreement

Name: _____ Phone: _____

Address: _____

Gallons: _____ X \$1.79 = _____ X 0.04(4%) Sales Tax= _____ Total \$ _____

____ Check or Money Order ____ Visa ____ MasterCard ____ Discover ____ Amex

Card # _____ CID# _____ Expiration Date: ____/____/____

SIGNATURE: _____ Date: _____

2021 CUSTOMER OWNED Tank Price Cap Program

Pay the lowest price available at time of order...Never more than \$2.09 per gallon!

Features: From time of enrollment until April 30, 2022: *If our price at time of order is below **\$2.09**, you will pay the lower price. *If our price at the time of order is higher than **\$2.09**, you still pay only **\$2.09/gal.** * Deduct .05 cents per gallon for seniors (age 60 plus) *Deduct .10 cents per gallon for discount (when paid within 5 days of delivery)

*Enroll now through **JULY 31ST, 2021*** *Non-refundable enrollment fee of \$40.00 *Account must be paid in full prior to enrollment *Account must be current to maintain participation *Price Cap Program does not apply to partial fill orders.

To Enroll: Contact the Location above that Services you!
Purchase Agreement

Name: _____ Phone: _____

Address: _____

____ Check or Money Order ____ Visa ____ MasterCard ____ Discover ____ American Express

Card # _____ CID# _____ Expiration Date: ____/____/____

SIGNATURE: _____ Date: _____