



**TO ENROLL PRINT THIS FORM and CALL or Email Form to:**  
**STEVENS PROPANE, BUCKLEY, MI 269-4415 OR [sandra@stevenspropane.com](mailto:sandra@stevenspropane.com)**  
**STEVENS PROPANE, MAPLE CITY, MI 228-3005 OR : [todd@stevenspropane.com](mailto:todd@stevenspropane.com)**  
**Lease Tank Customers Save!!**

Order Now and Save

**Buy Now and Save \$\$\$    \*\*\*Summer Fill \$2.19 discounts apply\*\*\*    Buy Now and Save \$\$\$**

**2021 LEASE TANK PRE-BUY SPECIAL    Buy now at the reduced price of  
 \$1.89/gallon**

**Features:** *\*Gallons delivered through April 30, 2022, are purchased in advance, at a cost of \$1.89  
 (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 Company above that Services you!  
 PRE-BUY Purchase Agreement**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Gallons: \_\_\_\_\_ X **\$1.89** = \_\_\_\_\_ X **0.04(4%)** Sales Tax= \_\_\_\_\_ Total \$ \_\_\_\_\_

\_\_\_\_\_ Check or Money Order    \_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard    \_\_\_\_\_ Discover    \_\_\_\_\_ Amex

Card # \_\_\_\_\_ CID# \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**2021 Lease Tank Price Cap Program**

*Pay the lowest price available at time of order...Never more than \$2.19 per gallon!*

**Features:** *From time of enrollment until April 30 2022: \*If our price at time of order is below \$2.19, you will pay the lower price. \*If our price at the time of order is higher than \$2.19, you still pay only \$2.19/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 31<sup>ST</sup>, 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 Company above that Services you!  
 Purchase Agreement**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Check or Money Order    \_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard    \_\_\_\_\_ Discover    \_\_\_\_\_ American Express

Card # \_\_\_\_\_ CID# \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_