

K-Gas, Inc. Credit/Debit Payment Enrollment Form

There is a 3.5% surcharge for all credit card payments. No additional fees for debit cards.

Customer Name: _____

K-Gas Account Number: _____

Address for Service: _____

Card Information:

Card Number: _____ - _____ - _____ - _____

Expiration: _____ CVV(Security Code): _____

Billing Address (if different than above): _____

Please select one of the following:

- Only to process upon customer's request.
- Monthly reoccurring amount of: \$ _____
To be withdrawn on _____
- Automatically withdraw for balance due for propane or services.
To be withdrawn on _____
- Split balance due into 2 payments and withdraw for propane or services.
To be withdrawn on _____ and _____

I understand that if my card declines, I will receive a call to notify me at the number provided above and it is my responsibility to contact K-Gas with an alternative card or cash payment in the office.

If there are any changes to this payment option, I agree to notify the office.

I understand that payment is due in full within 30 days of delivery; otherwise, my account is subject to additional late fees and finance charges and is subject to referral to an outside agency for collections if account remains unpaid.

Customer Authorization: _____

Date: _____