

PSC NO: 9 GAS  
NATIONAL FUEL GAS DISTRIBUTION CORPORATION  
INITIAL EFFECTIVE DATE: 05/31/2016

SECTION: 0 LEAF: 86  
REVISION: 0  
SUPERSEDING REVISION:

GENERAL INFORMATION (Cont'd)

II.21. DEFERRED PAYMENT AGREEMENT

NON-RESIDENTIAL CUSTOMER PAYMENT AGREEMENT

ACCOUNT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

(CUSTOMER'S NAME) \_\_\_\_\_ (hereinafter referred to as "Customer")  
acknowledges that because of the outstanding past due amounts, Customer's gas services may be  
terminated. In lieu of termination National Fuel has agreed to accept payments totaling \$ \_\_\_\_\_ from  
the Customer according to the following terms and conditions. The total amount of \$ \_\_\_\_\_  
does/does not include current charges not yet in arrears.

1. Customer agrees that on or before (date) \_\_\_\_\_ a down payment of \$ \_\_\_\_\_ shall be made to National Fuel, at \_\_\_\_\_.
2. Customer agrees to make monthly payment in the amount of \$ \_\_\_\_\_ until the Agreement amount is paid in full. Monthly payments must be received by National Fuel no later than the late payment date shown on each monthly bill.
3. Customer agrees that payment of all current bills will be paid before the late payment date indicated on the bill.
4. This Agreement will be subject to late payment charges at a monthly rate of \_\_\_\_% and/or an annual rate of \_\_\_\_%. Late payment charges will be calculated on the account balance after the late payment date shown on each monthly bill. The total late payment charges for the duration of this agreement are calculated to be \$ \_\_\_\_\_. This amount is based upon timely payments. Should payments be made either early or late the total late payment charge amount will fluctuate accordingly.
5. If the Customer fails to comply with this Agreement, National Fuel will reinstate all collection activities and may issue and immediate termination notice.

Customer acknowledges that he/she or its authorized representative has read the above and agrees to the terms and conditions set forth in this Agreement.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

(PLEASE PRINT)

NATIONAL FUEL REPRESENTATIVE: \_\_\_\_\_

DATE RECEIVED BY NATIONAL FUEL: \_\_\_\_\_ CIS ENTRY DATE: \_\_\_\_\_

Issued by C. M. Carlotti, President, 6363 Main Street, Williamsville, NY 14221  
(Name of Officer, Title, Address)