



1517 Sawmill Creek Rd.
 Sitka, AK 99835
 (907) 747-8647 phone | (907) 747-6433 fax

PAYMENT OPTIONS

Customer Name _____ Account Number _____

PAYMENT OPTIONS AVAILABLE

I would like to SAVE 2.5% on most services by using the EFT Auto Pay Program.

1. I understand that I will receive a delivery ticket with each delivery, showing the amount that will be charged to my bank account within 5 business days. I will also receive invoices for annual tank rent and service labor, appliances and parts that are also charged to my bank account. If for any reason my EFT payment is declined, I promise to immediately pay the balance upon notification and will not receive the 2.5% discount.

Bank Name _____

Routing (ABA) # _____ Account # _____

Signature _____ Date: _____

2. **I would like to be on the Credit Card / Debit Card Auto Pay Program.**

I understand that I will receive a delivery ticket with each delivery, showing the amount that will be charged to my card. I will also receive invoices for annual tank rent, service labor, appliances and parts that will also be charged to my card. I will promptly notify you if my card or expiration date should change. If for any reason my credit card transaction is declined, I promise to immediately pay the balance upon notification.

Credit Card # _____ Expiration Date _____

Signature _____ Date: _____

3. **I will PREPAY for each delivery.**

I understand that I will prepay for any deliveries and services prior to Arrowhead doing the work. If I am renting a propane tank, I agree to pay the annual rental renewal charge within thirty days of invoice date. I understand that I am to pay from the original invoice.

Signature _____ Date: _____

Timely Payment Agreement:

I agree to pay all collection costs and reasonable attorneys' fees, including costs of any appeals, in the event legal action becomes necessary to collect any outstanding balance. I understand that all transactions between Arrowhead Transfer, Inc. and Arrowhead LP Gas and the under-signed shall be governed by the laws of the State of Alaska. Any suit, action or proceeding brought by either party pursuant to the collection of any outstanding balance, or dispute arising there from, must be commenced at the State of Alaska Trial Court in Sitka, Alaska. Applicant hereby submits to the jurisdiction of said court, and consents to service of process by mail, return receipt requested.

I understand that interest at the rate of 1.5% per month (18% per annum) will be charged on amounts remaining unpaid over thirty (30) days past invoice date, subject to a \$1.00 minimum charge.

Signature _____ Date: _____

100 Mount Roberts St.
 Juneau, AK 99801-7700
 (907) 586-3960 phone

7857 N Tongass Highway
 Ketchikan, AK 99901
 (907) 225-4313 phone
 (907) 247-4313 fax

Post Office Box 788
 Petersburg, AK 99833-0788
 (907) 772-2288 phone
 (907) 772-9318 fax

Post Office Box 349
 Wrangell, AK 99929-0349
 (907) 874-3314 phone
 (907) 874-3315 fax

Post Office Box 707
 Craig, AK 99921-0707
 (907) 826-3419 phone

Post Office Box 584
 Kake, AK 99830-0584
 (907) 785-3156 phone
 (907) 785-3150 fax