

LEVELIZED BILLING AGREEMENT

Member's Name

Telephone Number

Address

Social Security Number

City State

Employer

Account Number

Employer's Telephone Number

Spouse

Date of this Agreement

I, the undersigned, hereby apply for levelized billing to the residence at the address listed herein above with all service being supplied by Southern Rivers Energy in accordance with the Service Rules and Regulations established by said Corporation and any future changes and modifications hereinafter so adopted by said Corporation.

I understand that my account can only be established on this plan by meeting the following stipulations:

- 1) a 12 month established consumer history at the above location
- 2) good credit history for prior 12 months
- 3) zero balance on account before initiating the plan**
- 4) only the residential home account can be placed on the plan

I also understand and agree that my monthly bill will be based on my average consumption for the most current 12-months' usage.

I further understand and agree that I may be removed from the levelized billing if I fail to pay all bills promptly when rendered, or if the account becomes delinquent. I will at that time pay my balance in full and return to regular monthly billing. I understand at any time I choose to return to regular monthly billing, move to another residence, or when I discontinue service, the balance on my account will be due and payable or any credit refunded.

If my account is referred for collection by Southern Rivers Energy to any outside agency and/or attorney who is not a salaried employee of Southern Rivers Energy, I will to the extent permitted by law, pay all fees and /or court costs.

It is further understood that when a rate increase or decrease occurs, my payment may be adjusted accordingly.

It is understood and agreed that this agreement will continue from month to month and year to year so long as I am a consumer and so long as I promptly make all payments due under this agreement or until such time as either party requests discontinuance of this levelized billing agreement.

Signature

Southern Rivers Energy

By: _____

Title: _____

Southern Rivers Energy is an equal opportunity provider and employer.