If you would like to pre-pay on your account please print and complete the vouchers below & mail to PO Box 191 Mayfield, NY 12117.

You can prepay a lump sum for the season, or you can send extra monthly payments in the amount of your choice during the months May - August to help cover the cost during winter months. You can also pay every month (we recommend \$250/month).

If you wish to pre-pay by check rather than keep an ACH on file you must send in a check each separate month as we can not accept post-dated checks. If you select to have us charge your Credit card or ACH monthly you will need to notify us in writing that you wish to cancel the recurring charge. If the credit on account is used, you will be responsible for the remaining balance on delivery. Thank you!

| Smith Sons | PRE-PAYMENT VOUCHER |
|------------|--|
| | SMITH & SONS FUELS INC. |
| | 518-661-6112 / www.smithandsonsfuels@gmail.com |
| | |

PRE-PAYMENT VOUCHER

| | 518-661-6112 / www.smithandson | nsfuels@gmail.co | <u>m</u> | |
|--|--|-----------------------|-------------|-------------------------|
| MAILING ADDRESS: PO BOX 19 Account #: Name: | 1, MAYFIELD, NY 12117 | Date | | For Office Recyd by: |
| Service Address: | | | | by: |
| Amount paying: \$ | | [] Check | # | Use |
| With this voucher I wish to make [] of [] ACH Routing #: VISA MC Card #: | ee to keep the below account informatione time payment OR [] monthly or Acct #: DISCAMEX Exp Date:/ Sec Code: | n the 15th of month f | for months | Only |
| Smith Sons | PRE-PAYMENT VOUCHER SMITH & SONS FUELS INC. 518-661-6112 / www.smithandson | nsfuels@gmail.co | <u>m</u> | |
| MAILING ADDRESS: PO BOX 19 | 1, MAYFIELD, NY 12117 | | | Z _T |
| Account #: | | | | For Office Recvd by: |
| | | Phone | | Office yd by: |
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| [] Credit cardVISA MC | DISCAMEX Exp Date:/ Sec Code: | | | |
| | Exp Date:/ Sec Code: | _ | | |
| Smith Sons | PRE-PAYMENT VOUCHER SMITH & SONS FUELS INC. 518-661-6112 / www.smithandson | nsfuels@gmail.co | <u>m</u> | |
| MAILING ADDRESS: PO BOX 19 | 1, MAYFIELD, NY 12117 | 5.4 | | Z 71 |
| Account #: | | Date | | or C |
| · | | Phone | | or Office ecvd by: |
| Service Address: Amount paying: \$ | | [] Check | # | 100.00 |
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| - | one time payment OR [] monthly or | the 15th of month f | | Only |
| [] Credit cardVISAMC Card #: | | | | Medical |