

# **Exhibit B - Customer Information and Credit Agreement**

# ABACO *Energy Services*

5359 Mica Dr. • Bismarck, ND 58503-9227 • www.abacogroup.us  
701.751.1661 (DIRECT) • 877.354.4155 (TOLL-FREE) • 701.751.3095 (FAX)

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**ABACO USE ONLY****CUSTOMER:** \_\_\_\_\_**ACCOUNT NO:** \_\_\_\_\_

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## **CUSTOMER INFORMATION AND CREDIT AGREEMENT**

All customers desiring to purchase propane from ABACO Energy Services, LLC ("ABACO") must complete and deliver to ABACO this CUSTOMER INFORMATION AND CREDIT AGREEMENT. This document must be completed in its entirety and signed by all customers and responsible parties for the account ("Customer" or "Responsible Party"). to ensure ABACO has your necessary contact information and to ensure ABACO billings for propane provided to you, the customer, are paid in a prompt manner.

This Agreement shall remain in full force and effect until we receive written notice of cancellation from you and until all billings for propane provided to you are paid in full.

If you have any questions regarding this form or our policies, please contact us at 1-701-751-1661 or 701-226-9558, or write to us at ABACO ENERGY SERVICES, LLC, C/O Su-Lin Tschider, 5359 Mica Dr., Bismarck, North Dakota 58503.

(Please type or print all responses)

### **PROPERTY ADDRESS:**

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Do you own or rent the property at this service address? \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Owner's Telephone Number: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

**DATE PROPANE SERVICE TO BEGIN (dd/mm/yyyy):** \_\_\_\_\_

### **CUSTOMER/RESPONSIBLE PARTY INFORMATION:**

Customer Name (Billing Name): Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security#/EIN: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**ADDITIONAL RESPONSIBLE PARTIES:**

Other parties jointly responsible for the payment of the propane bill (such as your spouse or roommates.

Signatures required).

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security# \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**THIRD PARTY INFORMATION:**

Third Parties authorized to access information or act on your behalf (not responsible, no signatures required).

Name: Last: \_\_\_\_\_ Middle: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: Last: \_\_\_\_\_ Middle: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**BILLING ADDRESS:** (Only if different from mailing address set forth above):

Street: \_\_\_\_\_

Suite/Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION AND PHONE NUMBERS:** (only if different from above)

Contact Person: \_\_\_\_\_

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

## TERMS AND CONDITIONS

1. **CUSTOMER/RESPONSIBLE PARTY INFORMATION:** It is the obligation of each Customer and Responsible Party to promptly notify ABACO, in writing, of any changes to any of the information contained on this ABACO ENERGY SERVICES, LLC - CUSTOMER INFORMATION AND CREDIT AGREEMENT including, without limitations, billing and/or physical address, relevant phone numbers, including those of emergency contacts, and credit information.
2. **RESPONSIBILITY FOR EQUIPMENT:** ABACO's responsibility for equipment ends at the outlet side of the propane meter. ABACO is not responsible for and does not inspect, test, service, repair or replace any pipes, valves or other items beyond the outlet side of the meter, including the coupling thereto. Such items are the sole responsibility of customer or customer's landlord. The Customer and Responsible Party shall make arrangements, either personally or by and through their landlord, for any and all maintenance, repairs or replacements of equipment beyond the outlet side of the propane meter, including, without limitation, relighting, maintenance or repair of furnaces, fireplaces, water heaters, or any other plant, equipment or appliances which receive and/or utilize propane from the ABACO system.
3. **OBLIGATION TO NOTIFY ABACO:** It is the obligation of each Customer and Responsible Party to immediately notify any landlord, the local service/maintenance provider, and ABACO in the event the Responsible Party becomes aware of damage to the ABACO system, including the meter and pipes supplying propane to the system, or in the event the customer becomes aware or is notified of leaking propane.
4. **AUTOMATIC BILL PAY:** All Customers are encouraged to sign up for and utilize automatic bill pay. It is a free service. With automatic bill pay, you, the customer, will receive your monthly invoice but will not have to worry about paying your bill on time or taking the extra time to draft a check and mail your payment. Automatic bill pay is performed automatically from your bank account or credit card. Automatic payments will be made on the due date of an invoice.
5. **SECURITY FOR PAYMENT OF INVOICES:** Customers who do not sign up for automatic bill pay must provide ABACO with adequate security or deposits as required by the rules and procedures of the Montana Public Service Commission
6. **TERMINATION OF SERVICE:** ABACO reserves the right to suspend or terminate service to any property if an account(s) is delinquent or in the event of a) meter tampering, b) fraud, c) negligent acts by or on behalf of the Customer or Responsible Party, d) safety issues.
7. **DISCLAIMER OF LIABILITY:** It shall be the sole and absolute responsibility of the Customer and Responsible Party to pay the ABACO invoice for propane in a timely manner and to ensure that ABACO has current mailing and contact information for any and all Responsible Parties. Under no circumstance shall ABACO be responsible or liable for any damage caused, in whole or in part, by the Customer or Responsible Party's failure to keep ABACO apprised of current mailing address and contact information.

\_\_\_\_\_ YES, sign me up for FREE Automatic Bill Pay.

\_\_\_\_\_ NO, I do not wish to be on Automatic Bill Pay.

**ALL RESPONSIBLE PARTIES MUST SIGN**

The foregoing terms are accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_  
\_\_\_\_\_  
Responsible Party (Print Name)

By: \_\_\_\_\_  
\_\_\_\_\_  
Responsible Party (Print Name)

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## **BANK AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAY TO ABACO ENERGY SERVICES, LLC PROPANE BILLINGS**

Name of Account Owner: \_\_\_\_\_

Address of Account Owner: \_\_\_\_\_

Telephone Number of Account Owner: \_\_\_\_\_

Service Address: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Telephone Number of Financial Institution: \_\_\_\_\_

Description of Account (Checking, Etc.): \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

**YOUR UNDERSIGNED, AS THE OWNER/DEPOSITOR OF THE ABOVE-DESCRIBED FINANCIAL ACCOUNT, HEREIN AND HEREBY AUTHORIZES THE ABOVE-DESCRIBED FINANCIAL INSTITUTION TO ACCEPT AND PAY ANY AND ALL INVOICES, PAYMENT DEMANDS OR REQUESTS FOR WITHDRAWALS FROM THE HEREIN DESCRIBED ACCOUNT INITIATED BY ABACO ENERGY SERVICES, LLC. THIS AUTHORIZATION MAY BE TERMINATED BY ME BY WRITTEN NOTICE, ONLY, DELIVERED TO THE ABOVE-DESCRIBED FINANCIAL INSTITUTION. I UNDERSTAND THAT BY EXECUTING THIS DOCUMENT, I AUTHORIZE THE FINANCIAL INSTITUTION TO DRAW MONEY FROM MY ACCOUNT AND PAY THE SAME TO ABACO ENERGY SERVICES, LLC. ATTACHED HERETO IS A COPY OF A "VOIDED" CHECK SPECIFICALLY IDENTIFYING MY ACCOUNT.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Account Owner/Depositor

Date: \_\_\_\_\_

\_\_\_\_\_  
Account Owner/Depositor

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## **CREDIT CARD AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAY TO ABACO ENERGY SERVICES, LLC PROPANE BILLINGS**

Name of Credit Card Owner/Holder: \_\_\_\_\_

Address of Credit Card Account Owner/Holder: \_\_\_\_\_

Telephone Number of Credit Card Account Owner/Holder: \_\_\_\_\_

Service Address: \_\_\_\_\_

Type of Credit Card: VISA/MASTERCARD/AMERICAN EXPRESS/DISCOVER (Circle One)

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

Credit Card Security Code (last three digits on back of card): \_\_\_\_\_  
(American Express, four digits on front of card above credit card number)

Service Address: \_\_\_\_\_

**YOUR UNDERSIGNED, AS THE OWNER/HOLDER OF THE ABOVE-DESCRIBED CREDIT CARD, HEREIN AND HEREBY AUTHORIZES THE ABOVE-DESCRIBED CREDIT CARD COMPANY TO ACCEPT AND PAY ANY AND ALL CHARGES AGAINST THE HEREIN DESCRIBED CREDIT CARD ACCOUNT INITIATED BY ABACO ENERGY SERVICES, LLC. THIS AUTHORIZATION MAY BE TERMINATED BY ME BY WRITTEN NOTICE, ONLY, DELIVERED TO THE ABOVE-DESCRIBED CREDIT CARD COMPANY, ONLY. I UNDERSTAND THAT BY EXECUTING THIS DOCUMENT, I AUTHORIZE THE CREDIT CARD COMPANY TO PAY MONETARY FUNDS TO ABACO ENERGY SERVICES, LLC. AND CHARGE MY ACCOUNT ACCORDINGLY. ATTACHED HERETO IS A PHOTOCOPY OF THE FRONT AND BACK OF MY CREDIT CARD.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Credit Card Holder/Owner

Date: \_\_\_\_\_

\_\_\_\_\_  
Credit Card Holder/Owner