



*EQUAL PAYMENT PLAN  
CUSTOMER AGREEMENT*

**CUSTOMER INFORMATION:**

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

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

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I \_\_\_\_\_, agree to pay to the order of West Texas Gas, Inc. (Company), the monthly sum of \$\_\_\_\_\_ in legal and lawful money towards the balance owed on my natural gas utility bill by the bill's monthly due date.

I understand all the conditions of the Equal Payment Plan as stated on the Equal Payment Plan customer information sheet which has been provided to me by the Company.

I understand my account will be reviewed periodically and I will be advised if my average billing amount needs to be increased or decreased based on my current balance due.

I understand failure to pay my monthly "average" amount may result in the termination of my participation in the plan. If service is terminated I will be required to pay my account in full.

If I so elect, I may pay my account in full at any time and discontinue the Equal Payment Plan.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
WTG Representative