



PIONEER VALLEY PROPANE, INC.

40 O'Neil Street, Easthampton, MA 01027

42 Crystal Street, Lenox Dale, MA 01242, P.O. Box 385

Toll Free 1-866-883-HEAT (4328) • (413) 568-4443 • (413) 532-4443 • (413) 448-2444

PIONEERVALLEYOIL.COM

2026/2027 FIXED PRICE PRE-PAY PLAN \$2.49⁹ PER GALLON - PROPANE

Delivery Period Beginning: September 1, 2026 Delivery Period Ending: April 30, 2027

PIONEER VALLEY PROPANE, INC. is offering you a fixed price pre-pay plan for the 2026-2027 heating season which allows you to pay for your annual heating requirements in full on or before June 20, 2026 at a fixed price of \$2.49⁹ per gallon - propane (400 gallon minimum, if smaller amount please call).

Only while supplies last.

This plan will cover deliveries from September 1, 2026 through April 30, 2027. Any deliveries after prepaid **gallons** are used, will be charged at the current cash price for that day.

As a fixed price pre-pay customer, you must be on **automatic delivery**. You will only be removed from our automatic delivery if you notify us by phone or in writing after April 30, 2027. Any deliveries made after April 30, 2027 will be billed at the current cash price for that day. No cash refunds will be issued. Any credit must be taken in propane.

Please note that this agreement will not be valid if the supply of propane is affected due to an act of war, national emergency, disaster or unavailability of propane. Early termination of contract will result in a \$500.00 fee. Refusal of delivery will result in a \$60.00 fee.

Please sign and return to our office with your payment by June 20, 2026.

Cash, Check, Credit/debit card payments will be accepted.

All checks should be payable to: PIONEER VALLEY PROPANE, INC.



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Estimated yearly gallons - propane _____ X \$2.49⁹ per gallon = \$ _____
(Minimum - 400 gallons, if smaller amount please call. **PLUS RENTAL FEE IF APPLICABLE.**)

Plus or minus any credit _____

Payment due by \$ _____

PLEASE CHOOSE A PAYMENT METHOD BELOW

VISA___ MC___ DEBIT___

Account# _____ Expiration Date _____ CVC _____

CHECK# _____ in the amount of \$ _____

CASH _____

NAME (PLEASE PRINT) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE#: _____ CELL# _____

EMAIL: _____

By signing this contract I agree that I have read, and understand, how the fixed price pre-pay plan and automatic delivery service works.

I, _____, agree to the terms and conditions of this plan.

SIGNATURE _____ DATE _____