

# Swiss Valley Oil Company

## 2010-2011

### PRICE PROTECTION CONTRACT

I want protection from the possibility of higher fuel prices.  
Please provide the following price protection for my home  
heating oil account. I understand that:

- Program runs from October 1, 2010 through April 30, 2011.
- I will not pay more than \$2.699 for my #2 home heating oil (plus applicable sales tax)
- I will pay less than \$2.699 if the market is less (plus applicable sales tax)
- I will price protect the first 500, 1000, etc. gallons purchased after Oct. 1, 2010
- I will keep my account balance current
- I understand that no other discounts will apply under this Price Protection Contract
- I will be an auto-fill/keep-full customer with Swiss Valley Oil Company
- I will pay a small non-refundable fee associated with the Price Protection Program
- I will complete and sign this contract and return it with my non-refundable enrollment fee to Swiss Valley Oil by October 1, 2010.
- I understand there is no refund if all gallons are not received

I understand that Swiss Valley Oil, Inc. has a limited number of gallons available to price protect, and that the program is on a first come, first serve basis. I further understand that if gallons are not available, my enrollment fee will be returned.

<i>Number of Gallons Protected</i>	<i>Non-Refundable Program Fee</i>	<i>Check One</i>
<i>500 or less</i>	<i>\$50.00</i>	
<i>1000 or less</i>	<i>\$100.00</i>	
<i>1500 or less</i>	<i>\$150.00</i>	
<i>2000 or less</i>	<i>\$200.00</i>	
<i>more than 2000</i>	<i>please call for quote</i>	

*Please protect the number of gallons indicated above. I am enclosing this contract and a check in the amount of \$ \_\_\_\_\_ for my non-refundable program fee.*

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

\_\_\_\_\_  
*Customer Name ~ Please Print*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Daytime Phone*

\_\_\_\_\_  
*Swiss Valley Oil Account Number*

*Return contract and check to: OR Put your enrollment fee on your  
Swiss Valley Oil Company Swiss Valley Oil account and fax  
P.O. Box 23399 contract to:*

Chagrin Falls, Ohio 44023-0399

(440) 543-6549