

DIVERSE POWER, INC.
LAGRANGE, GEORGIA 30241

LEVELIZED BILLING AGREEMENT

Member's Name

Telephone Number

Address

Date of Agreement

City

State

Account Number

I, the undersigned, hereby apply for levelized billing to the residence at the address listed herein above with all service being supplied by Diverse Power in accordance with the Service Rules and regulations established by said Corporation and any future changes and modifications hereinafter so adopted by said Corporation.

I understand and agree that my monthly bill will be based on my average consumption for the most current 12 months usage.

I further understand and agree I may be removed from the levelized billing if I fail to pay all bills promptly when rendered. I will at that time pay my balance in full and return to regular monthly billing, I understand at any time I choose to return to regular monthly billing, move to another residence, or when I discontinue service, the balance on my account will be due and payable or any credit refunded.

If my account is referred for collection by Diverse Power to any outside agency and/or attorney who is not a salaried employee of Diverse Power, I will to the extent permitted by law, pay all fees and/or court costs.

It is further understood when a rate increase or decrease occurs, my payment may be adjusted accordingly.

It is understood and agreed that this agreement will continue from month to month and year to year so long as I am a consumer and so long as I promptly make all payments due under this agreement or until such time as either party request discontinuance of this levelized billing agreement.

Office use only

Read Date ___/___/___

Cycle _____

Member's Signature