

BEAVER CITY CORPORATION
UTILITY SERVICE DEPOSIT AND POLICY FOR HYDRANT WATER SERVICES

STARTING SERVICE DATE _____

CUSTOMER NAME _____ SPOUSE OR ADDITIONAL CUSTOMER NAME _____

ADDRESS FOR UTILITY SERVICE _____ OWNER _____
BILLING ADDRESS

PO BOX _____ CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ WORK PHONE # _____ CELL # _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____ D.L. # _____

EMPLOYER _____ BUSINESS PHONE # _____

MARTIAL STATUS _____ SPOUSE NAME _____

SPOUSE EMPLOYER _____ BUSINESS PHONE # _____

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU _____

ADDRESS _____ RELATIONSHIP _____ PHONE # _____

I / We agree to pay all attorneys fees, court costs, filing fees, and all collection costs. Up to 40% of amount owing Beaver City Corporation maybe assessed by any collection agency retained to pursue the matter. I / We further agree to pay interest at the rate of one and one half percent per month, (eighteen percent per year). I acknowledge that I have read the Payment Policy and do hereby agree to the terms herewith.

The undersigned further authorizes us or our agent to call you at any number you provide or at any number at which we or our agent reasonably believes we can contact you, including calls to mobile, cellular, or similar devices for any lawful purpose. The undersigned also agrees to any fee(s) or charge(s) that may be incurred for incoming calls from us or our agent, and/or outgoing calls to us or our agent, to or from any such number, without reimbursement.

(Print) CUSTOMER NAME

SIGNATURE

METER ID # _____

BEGINNING READ _____

OFFICE INFORMATION

ACCOUNT # _____

OPTION NO: _____ DATE: _____ DEPOSIT AMOUNT \$ _____