DEP. \$	
CK#	
CASH	C/C
DEO #	

		HTHITY	TOWN OF CALLAHAN CUSTOMER (COMMERCIAL)				
	C/C	OPEN ACCOUNT FORM					
	NEW Custome	r CHAN	GE Customer Address	CHANGE Customer Name			
			DATE://				
		DATE TO	BEGIN SERVICE:/	<i>I</i>			
		TYPE OF SERVICE: WATER/SEWER					
	FULL NAME:						
	SERVICE ADDRE	<mark>SS</mark> :		APT #			
	E-BILLING () E-			oiled to you named oo)			
	MAILING		option above your bills will be e-m	· · · · · · · · · · · · · · · · · · ·			
	(CITY)		(<mark>STATE</mark>)	(<mark>ZIP</mark>)			
	PHONE NO	<mark>).'S</mark> : () (HOME)	() (WORK)	(CELL)			
		IDENTIFICATION: FEDERA	AL TAX ID #	AND/OR			
		SOCIAL SECURITY #	<mark>#</mark> - _				
	*** <u>Please be</u>		cets in your business are tur ame day if account is opened prior	rned off. Water and sewer services will be to 3:00 P.M. ***			
The bills a Please cal received b \$47.16 wil imposed. A Accounts	re mailed out by the la Il our office if the bill is by the 15 th of the mont Il be \$57.16 if not paid Account must be paid that become "30 + DA	ast business day of the mont s not received by the first we hand a "LATE NOTICE" with a by April 15 th . If account is no I in full BEFORE service can b YS" delinquent will be closed nagency where the custome	h and are due upon receipt. WE AR ek of following month. <mark>A "LATE CH,</mark> a DISCONNECT DATE will be maile ot paid prior to the DISCONNECT do be restored (during normal busines		TED MAIL. s not Aarch for FEE" will be 24 HOURS.		
	11	nave read, understand,	and agree to the preceding	"TERMS OF PAYMENT".			
	CUS ⁻	TOMER SIGNATURE:					
	TO	DAY'S DATE:					
OFFICE US			ving: Copy of lease, mortgage state er & Renter/Lease/Buyer Must be t \$125.00 deposit Picture ID of Customer Signe	the Same Name)			
OI FICE US	JE ONEI.						

METER NO.: _____ CLASS: _____

LOCATION NO.: ______CUSTOMER NO.: _____