

EL OSO WATER SUPPLY CORP.

BILLING AUTHORIZATION FORM

DATE: _____

NAME: _____

ACCT #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NO: _____

WORK PHONE AND CONTACT NAME: _____

SERVICE ADDRESS: _____

I hereby authorize El Oso Water Supply Corporation to send the bills on my account to the person (s) and address below until further written notice.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NO: _____

WORK PHONE AND CONTACT NAME: _____

I understand that El Oso Water Supply Corporation will bill the renter/lessee named above for water service as third party, but I, as the member, am fully responsible for any and all unpaid bills left by the renter/lessee. I shall take responsibility for any necessary deposits from the renter/lessee to ensure payment of a past due bill. Should this account become delinquent, water service will be subject to termination under the policies of the Corporation, and shall not be reinstated until all debt to the Corporation has been paid. The Corporation will notify me, the Member; of the renter/lessee's past due account status subject to disconnection of service.

I understand that I must sign a new Billing Authorization each time I want the billing changed. If the person authorized to receive the billing notifies the Corporation to take a final reading, the billing will automatically revert back to me.

Signature: _____ Signature Date: _____

El Oso WSC Representative: _____