



11821 W Picture Rocks Rd
Tucson, AZ 85743
Phone: 520-682-7331 Fax: 520-682-8933

AGENTS WATER SERVICE AGREEMENT AND APPLICATION

Company Name (or name): _____
(This name will appear on the bill)

Tax ID: _____
(or SSN#)

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Service Address: _____

Billing Address: _____

City: _____ **State:** _____

Zip Code: _____

Date of Service to Begin: _____ **Initial:** _____

- I, the undersigned, hereby agree that, in the event of default in the payment of any amount due, and if this account is placed in the hands of a collection agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including collection agency and attorney fees and court costs.
- SECURITY DEPOSIT IS REFUNDABLE AFTER ONE YEAR OF ON TIME PAYMENTS OR ON THE FINAL BILL; THE DEPOSIT WILL BE CREDITED TO YOUR AVRA WATER ACCOUNT.
- BY RECEIVING WATER FROM AVRA WATER CO-OP YOU WILL BE CONSIDERED A MEMBER WITH ALL THE BENEFITS THAT ENTAILS

Signature: _____

OFFICE USE ONLY

Account #: _____

Entered in computer by: _____ **Date:** _____

Incomplete or incorrect forms may delay the start of your water service