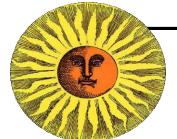
Recurring Credit Card Payment



Please return this completed application to Sundale Mutual Water Co

Mailing Address: P.O. Box 6708, Lancaster, CA 93539-6708

Physical Address: 7337 West Ave A, Rosamond, CA 93560

Fax: (888) 786-8168 * Phone: (661) 256-3100 * E-Mail: sundalemutual@gmail.com

Please Print Clearly

To apply for credit to pay monthly water bill, please complete the following information:

Owner's Name: Last:	First:	
Mailing Address:		
Account#	APN#	
Phone:	Cell/Work: _	
	dit Card Name: Visa / MasterCard (Circle One)	/ Discover
Credit Card (16 D) #:		
Exp date:	VOC Code:(3 digit code on back of Credit Card)	Zip: (Billing Zip for Credit Card)
balance is paid in full (includin **	will be paid each, monting current annual charge of \$180). Minimum Monthly Charge \$35 per solution be charge to the charge to th	er month**
on or after the 1st day of each m	al Water Company (SMWC) to charge nonth. I understand that I may stop t this contract will be expired the mont	he recurring credit card service by
(Stand-by) bill, I acknowledge tha	Vater Company to charge my credit can at all payments of my water bill remain n, it is responsibly to pay my water bill	n my responsibility. If my credit
please contact us as soon as possi Fax: (888) 786-8168, or Mail P.O last 15 business days after we h following information (1) Your Na unsure about, (3) Tell us the dolla credit your account (if applicable)	out the transaction, or if you think you'd ble at: Phone: (661) 256-3100, E-mail Down Edward	sundalemutual@gmail.com, e must hear from you within the g your concern. Please enclose the be the error or payment you are will contact you in writing and
Printed Name:		
Signature:	Date:	