



New Service Payment

<p>Valid for establishing NEW SERVICE Only (Do Not Use for Payment of Monthly Service) Please FAX, MAIL or DROP OFF the completed form to CLWSC</p>	<p>Fax No: 830-964-2779 CLWSC PO BOX 1742 Canyon Lake, TX 78133</p>
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Customer information

CLWSC Account Number _____

First Name: _____ Last Name: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone # _____ Alternate Phone # _____

Email address: _____

Credit Card Payment

Credit Card Type: (Circle One) Discover MasterCard Visa

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: (Month/Year) _____ / _____ (00/0000) CID Number: _____

Zip Code that Credit Card Statement is mailed to: _____

I AUTHORIZE CANYON LAKE WATER SERVICE COMPANY TO CHARGE MY CREDIT CARD ACCOUNT IN THE AMOUNT OF \$ _____ FOR A ONE-TIME PAYMENT TO ESTABLISH NEW SERVICE FOR THE ABOVE WATER SERVICE ACCOUNT.

Account Holder Signature: _____

Date: _____

FOR CLWSC OFFICE USE ONLY

Date Received: _____	CLWSC Customer Service Representative
	Initials: _____
	Date Entered InHance: _____