



# TOWN OF CROSSFIELD

## BULK WATER ACCOUNT APPLICATION

**CUSTOMER ID** (ASSIGNED BY OFFICE): \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **PROVINCE:** \_\_\_\_\_ **P/C:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

### ACCOUNT INFORMATION

**3 DIGIT ACCESS #:** \_\_\_\_\_

**4 DIGIT PIN #:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_