



Utilities Department
5417 Birch Avenue
Postal Drawer 640
VEGREVILLE, ALBERTA T9C 1R7

T: 780-632-3439 | F: 780-632-4274
vegreville@vegreville.com | www.vegreville.com

VEGREVILLE REGIONAL BULK WATER AGREEMENT

Name: _____

Phone #: _____

Mailing Address: _____

Accounts Payable Contact Name: _____

User#: _____ Pin # _____

Terms and Conditions:

1. The User# will be assigned by the Public Works Department.
2. The Pin# will be assigned by the User who will be responsible for all sales registered to that Pin#.
3. It is the responsibility of the User to immediately notify the Public Works Department of a PIN# they believe to be no longer secure.
4. Bills amounting to \$10 and over will be issued monthly.
5. Any outstanding accounts over 60 (sixty) days will result in termination of this Contract.
6. Accounts that are dormant for 12 (twelve) months will automatically be disconnected.
7. The Town of Vegreville reserves the right to refuse or cancel this service to any potential or current customer.

I hereby acknowledge that I have read and understand this agreement and agree to comply with the terms and conditions stated therein.

User Signature

Date

Please Print Name Here



4829 – 50th STREET
 POSTAL DRAWER 640
 VEGREVILLE, ALBERTA
 T9C 1R7
 TELEPHONE (780) 632-2606
 FAX (780) 632-3088
 WEBSITE <http://www.vegreville.com>
 E-MAIL vegtown@vegreville.com

WAIVER

I _____ provide authorization and accept full responsibility of all charges from the Town of Vegreville using my credit card.

Please complete and return this form to the attention of the Accounts Receivable Clerk

By Mail: P.O. Box 640, Vegreville, AB T9C 1R7

By Email: kmacdonald@vegreville.com

By Fax: (780) 632-3088

Credit Card No.#	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name (as shown on card): _____	
Expiration Date (mm/yy): _____	Security Code (last 3 digits on back of card) _____

Please check one of the following:		
<input type="checkbox"/> Charge to credit card or		
<input type="checkbox"/> Invoice to:	Company Name:	
Mailing Address:		
Accounts Payable Contact:	Phone:	Fax:

NAME	TITLE
DATE	AUTHORIZED SIGNATURE