

PAGE UTILITY ENTERPRISES
640 Haul Road
P.O. Box 1955, Page, AZ 86040
(928) 645-2419 * Fax (928) 645-5322

PAYMENT AGREEMENT

DATE: _____ ACCOUNT#: _____

NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PHONE: (Home) _____ (Work) _____ (Message) _____

TOTAL DUE: _____ Agreement Met: _____ Not Met: _____

<u>AMOUNT AGREED</u>	<u>DATE AGREED</u>	<u>AMOUNT RECEIVED</u>	<u>DATE RECEIVED</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I AGREE TO THE FOLLOWING: (Please initial)

- _____ 1. I understand that if payment is not made as promised, my utility services will be terminated the following working day.
- _____ 2. I understand that to reconnect after my service has been terminated would cost me: A DEPOSIT, A COLLECTION FEE, PLUS THE BALANCE DUE.
- _____ 3. I understand that payment agreement customers are subject to all penalties.
- _____ 4. No payment agreement will be subject to disconnection as long as the terms of this agreement are being met.
- _____ 5. I understand that if this payment agreement is not met, no future payment agreement will be issued.
- _____ 6. I agree to abide by the Rules & Regulations of the Utility as adopted & as may be amended from time to time.

PLACE OF EMPLOYMENT: _____ PHONE: _____

SIGNATURE: _____ SS# _____

NEAREST RELATIVE:

Name: _____ Address: _____

City/State/Zip _____ Phone: _____

Customer Service Representative: _____