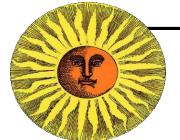
## Recurring Credit Card Payment



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: <u>sundalemutual@gmail.com</u>

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

Owner's Name: Last:_	Fir	st:
Mailing Address:		
Servicing Address:		Account#
Phone:	Cell/Work:	APN#
C	Credit Card Name: Visa / MasterC (Circle One)	ard / Discover
Credit Card (16 D) #: _		
Exp date:	VOC Code: (3 digit code on back of Credit Card	Zip: d) (Billing Zip for Credit Card)
If no, Amount to be Paid up (Balance will be paid in full unless I hereby authorize Sundale M on or <i>after</i> the <b>1</b> <sup>st</sup> <b>day of eac</b>	p to: \$ss amount given is over the balance on the utual Water Company (SMWC) to cha	arge my credit card to pay my water bill top the recurring credit card service by
acknowledge that all payment		it card, for payment of my water bill, I ibility. If my credit card is denied for h the credit card is denied.
please contact us as soon as perfect (888) 786-8168, or Mail last <b>15 business days</b> after we following information (1) You unsure about, (3) Tell us the contact of the sound in the	ossible at: Phone: (661) 256-3100, E- P.O. Box 6708, Lancaster, CA 93539	. We <b>must</b> hear from you within the ording your concern. Please enclose the scribe the error or payment you are  We will contact you in writing and
Printed Name:		
Signature:	Date:	