

BULK WATER FILL STATION - KEY FOB AGREEMENT

Please select the station(s) you will be using:

MT. PLEASANT BULK FILL STATION

ST. GEORGE BULK FILL STATION

Key FOB Deposit (*Non-Refundable*)

Key FOB Deposit (*Non-Refundable*)

Key FOB Account # _____

Key FOB Account # _____

Name: _____

Business Name: _____

email: _____

Address: _____

Street

City/Town

Province

Postal Code

Mailing Address: Same as above

Street

City/Town

Province

Postal Code

Telephone: _____

Cell: _____

Fax: _____

Hereby agree to abide by the following rules and regulations governing the use of this system (*please initial*):

1. To pay a non-refundable deposit in the amount of \$10.00 for the key FOB.

2. To pay all costs for the replacement of the key FOB resulting from loss, damage or theft.

3. Have read & understand the information included in the attached User Guide.

Customer Receiving Key FOB:

Employee Distributing Key FOB:

Name (Please Print): _____

Name (Please Print): _____

Signature: _____

Signature: _____

Date: _____

Date: _____

cc: Account Holder
Finance