

City of Schulenburg Payment Agreement Form - Bulk Water

Signature	Date
Printed Name of Applicant:	
I hereby agree to pay all fees related to this agreement form:	
Billing Contact Phone:	
City: State:	Zip Code:
Billing Contact Address:	,
Billing Contact Person:	
Billing Business Name:	<u>.</u>
The Applicant and the City agree that becapumped, it is not possible to pay on demar amount as billed by the City on a quarterly	nd. I do agree to pay the total
hereinafter referred to as the Applicant.	
hereinafter referred to as the City and	•