409.684.3515
P.O. Box 1398
1840 Hwy 87
Crystal Beach, TX 77650

DUPLICATE BILLING FORM

This form must be completed by the Account Holder.

Date: _____

Account Number: _____

Service Address: _____

Name of Person Making Request: _____

Please complete the following information for Duplicate Bill:

Account Holder Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Work Number: _____

I hereby certify that I am authorized to set up duplicate billing for the above referenced account. I understand that there will be a charge of $2.00 for each duplicate bill and I agree to pay this charge. I further understand that this charge will apply to both regular bills and final bulls.

Account Holder Signature: _____