PFEIFFER-NORTH STANLY WATER ASSOCIATION, INC.

P. O. Box 370 Richfield, NC 28137

WATER CUSTOMER AGREEMENT

禁止 X 100000000000000000000000000000000000
This Agreement, between Pfeiffer-North Stanly Water Association, a non-profit corporation, organized and existing and by virtue of the laws of the State of North Carolina hereinafter called the <i>Association</i> , and, who desires to have water service at the
resident in which he/she lives, hereinafter called Customer.
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<u>WITNESSETH:</u>
WHEREAS, the <i>Customer</i> desires to purchase or is purchasing water from the <i>Association</i> , and to enter into a water users agreement as required by the <i>Association</i> .
NOW, THEREFORE, in consideration of mutual covenants, commitments, and agreements herein contained, it is hereby understood and agreed:
 The Association shall furnish, subject to the limitations hereinafter provided for, such quantity of water for domestic, farmstead and commercial purposed as the Customer may desire in connection with his occupancy at the following location:
Landlord's (Member's) Name
Service Street Address
City, State, Zip Code
 The Customer shall pay for water at such rates, time, and place as determined by the Association.
3. The Customer shall pay a deposit in the amount of \$ initially, which is refundable to the customer when this contract is terminated; less any outstand balance on his/her account.
4. Payment for services is due fifteen (15) days from the billing date. The failure of a Customer to pay water charges duly imposed shall result in the automatic imposition of the following penalties:

- a. Non-payment within thirty (30) days from the billing date will result in penalty as set by the *Association* until the account is current.
- b. Non-payment for sixty (60) days from the original billing date will result in termination of service. Service will be restored after payment in full has been satisfied and reconnect fee paid as set by the *Association*.

This institution is an equal opportunity provider and employer.

Account No.	
Customer (Print Name)	Customer Signature
Mailing Address	Social Security Number
City, State, Zip	Phone Number
Date	E-mail Address
IN WITNESS WHEREOF, We have here	eunto executed this Agreement this the
day of, 20	
By	
Secretary/Treasurer	
	Ву
	President