



BOX 370
CARSTAIRS, AB T0M 0N0
PHONE: 403-337-3341
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www.carstairs.ca

BULK WATER ACCOUNT APPLICATION

Account #: _____

Company Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____

Contact Name: _____

Email: _____ E-Bill Y/N _____

ACCOUNT INFORMATION:

Fleet Number: _____

PIN: _____

\$100.00 Deposit: Cash /Cheque /Debit

Signature of Applicant: _____

Date of Application: _____