



1840 Highway 87 • P.O. Box 1398 • Crystal Beach, TX 77650
Telephone: (409) 684-3515 Fax: (409) 684-2922

CUSTOMER DUPLICATE BILLING FORM

This form must be completed by the account holder.

Date: _____

Account No.: _____

Service Address: _____

Name of Person Making Request: _____

Please complete the following information for duplicate bill:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Tele.: () _____ Work Tele.: () _____

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 \$0.50 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 bills.

Customer Signature