BERMUDA WATERWORKS LIMITED

32 Parsons Lane, Devonshire, DV 06 Bermuda P.O.
Box DV 560, Devonshire, DV BX
Tel: 441-236-1288 Fax: 441-236-7784
Accounts Fax #441-299-2837

CUSTOMER SERVICE/CREDIT APPLICATION FORM

Surname		Date of Birth/			
Given Names:			DAY		
Home Address - House	Name:	House	Number:		
Street Name:		Parish & Postal Code:			
HOUSE COLOUR / TRII	M				
Mailing Address (if differ	rent from above)				
Telephone Numbers	(Home)	(Work)	(Cell)-		
	(E-Mail)		(Fax)		
Do you own or rent your	current residence?	OWN ()	RENT ()	
If you rent, name and add	dress of landlord				
Previous Address					
Last Overseas Address (if	f applicable)				
Present Employer/Addr	'ess				
Occupation		How Long?			
Previous Employer/Add	ress				
Marital Status		Spouse's full nam	ne		
Spouses Occupation		How Long?			
Credit References – Retai					
CREDIT POLICIES, TE. The customer agrees to make pay Statement Date. Should it be nece the Customer hereby agrees to rei to: 33 1/3% collection fees, court	RMS AND CONDITIONS ment to the Company for all goods an essary for the Company to take any act imburse the Company for all costs and	d services supplied on a monthly basis tion or proceedings to recover any amo I expenses associated with the recovery es deemed necessary to make the Comp s application.	ounts due and owing from of the overdue amounts.	the Customer to the This includes but	he Company, is not limited
	g any of our above Products or ng such products or services.	Services you are deemed to ha	ve consented to our	use of your pe	rsonal data
SIGNATURE		DATE	•••••	•••••	•••••
OFFICE USE: CRED	IT CHECKS				
APPROVED: ()		BY:			