

INNSERVICES UTILITIES INC. APPLICATION FOR BULK WATER SUPPLY

NAME OF COMPANY:	
ADDRESS:	
CITY/TOWN:	
TELEPHONE # CELL:	BUSINESS:
	FAX:
APPLICATION DEPOSIT (non-re	
NAME:	
SIGNATURE:	
CARD #:	BEGINNING REGISTRATION:
PIN:	

PLEASE MAKE CHEQUE PAYABLE TO INNPOWER