

CITY OF BULAWAYO



CREDIT ARRANGEMENT FORM

I,.....

ID No.....

Residing at.....

.....

.....

Contact telephone number.....

In charge/responsible for BCC account number.....

Do hereby agree that i shall pay every month, my current bill **PLUS 10%** of the outstanding amount until the outstanding balance is cleared, failure of which Council may disconnect my water supplies without further notice.

Signed at Bulawayo on this day of2012.

Signed

Witness.....

.....

1st Receipt

No.....Amount.....Date.....