



Written Agreement

PO Box 637 *Keene, Texas * 76059* 817-641-3336 * Facsimile 817-556-2060

Date: _____ Account#: _____

Address: _____

Date to Disconnect Service: _____

Forwarding Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Customer Signature

Telephone Number

Clerk Initial _____

