

P O Box 137 Rice, Texas 75155 903-326-5551 903-326-5553 fax

CHANGE BILLING ADDRESS FORM

Please fill out all information completely.

Change billing addres	ss to:		
Please allow next bill	ng period for	hange to take eff	ect.
ACCT NUMBER:			
OWNER'S NAME: OLD ADDRESS:			
TELEPHONE:			
SIGNATURE			DATE