

## **Elberton Utilities**

P. O. Box 70 230 N. McIntosh St. Elberton, Georgia 30635-0070 www.elbertonutilities.net 706-213-3278

## Commercial / Industrial / Non-residential Service Application and Agreement

2:	Service Repi	esentati	ve:	
Business Name:				
Responsible Person's Name:				
Service Location:				
Mailing	/Billing Address:			
Business	and one alternate			
,, _	Phone Number:			
Responsible Persor	s Social Security Number:			
Federa	l Tax ID Number:			
Copy of Driver's	s License on File?			
Previous	Service Address:			
Services Requested:				
	Electricity		Cable TV	
	Water and/or Sev	ver 🗆	High Speed Internet	
	Natural Gas			
	Solid Waste dump	ster or p	oly-kart (if available)	
Deposits: Electricity:		Water:	Gas:	
Do you □ own or □ ren Landlord's Nan (SEE REVE	ne, if Rental:	DITION	AL TERMS AND CONDI	TIONS)
(Office Use Only)				
Copy of Le	ase on File? □			
C	redit Score:			
•	sit Amount:			
Form	of Deposit:	Cash	☐ Check / Money	Order
Account Number	Assigned:			
Commercial / Industri	al Sarvica Annlie	ation ar	nd Agraement	Page 1 of 2

Account Number:	
request for service. By signing this application water, sewer, natural gas, cable TV, Internet, o	Elberton must take actions and expend funds to comply with this in, the applicant signifies that he has the authority to request electrically sold waste collection services, both permanent and temporary to signing this Application, the applicant requests permanent services, for the location(s) identified.
	and ElbertonNET will make all reasonable efforts to provide ut is not liable for loss or damage (direct, consequential, or services or by an interruption.
Customer and the City of Elberton with respect party shall be responsible to the other except a	to in this Application constitute the entire agreement between the ct to the provision of utility service by the City of Elberton. Neither as specifically set out in this Application and in those agreements or pon acceptance of this application by the City of Elberton, a valid the applicant.
City of Elberton	
	Business Name (Please Print)
By:	
<b>Customer Service Representative</b>	Responsible Person's Name
	By:
	Responsible Person's Signature  I understand my signature declares me as responsible for paying services provided by the City of Elberton in a timely manner.